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ABSTRACT

This monograph presents information on the Mary E. Switzer Seminars, five major papers concerned with vocational rehabilitation of people with disabilities, two shorter papers, and four invited guest reaction papers. The following major papers are presented: (1) "Toward Researching a National Employment Policy for Persons with Disabilities" (Peter David Blanck and Helen A. Schartz); (2) "Workforce Development Program Consolidation and Service Integration: Ensuring Consistent Service Quality and High Professional Standards for Persons with Disabilities" (John Dorrer); (3) "Special Issues and Trends in Integrated Employment: Factors Affecting Individuals with Developmental Disabilities or Significant Mental Illness" (William E. Kiernan); (4) "One-Stops and Partnerships: Implementation and Policy Considerations" (James D. Van Erden); and (5) "Push and Pull: Navigating Employment and SSI Policies for Young Persons with Disabilities" (Hugh G. Berry). Each paper is followed by several brief reaction papers and a list of recommendations. The two additional papers are: "The Political Implications of TWWIIA" (Bruce S. Growick) and "Consumer Coalition History: Consumer-Driven Principles in California" (Bryon R. MacDonald). The following invited guest reaction papers complete the monograph: (1) "Comments on Blanck and Schartz" (Monroe Berkowitz); (2) "Emerging Workforce Initiatives: The Promise, the Potential, the Prospects--Possibly Too Many 'Moving Parts?'" (Donald E. Galvin); (3) "Comments on Berry" (William Halloran); (4) "Understanding the New Policy Environment" (H. Allan Hunt); and (5) "Disability and Employment: Alternative Approaches to Traditional Empirical Research" (Michael Ashley Stein). (Individual papers contain references.) (DB)

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Switzer Seminar Series

July 2001

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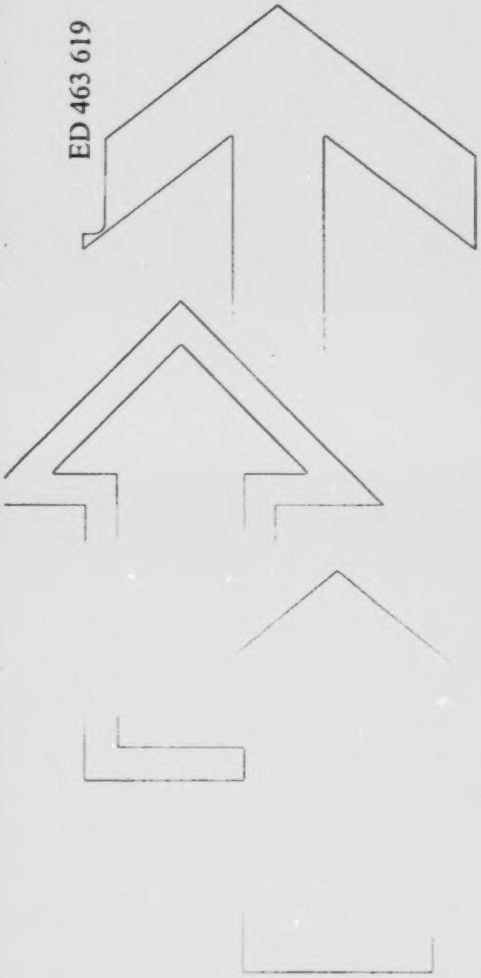

Emerging Workforce Issues: W.I.A., Ticket to Work, and Partnerships

A Report on the 22nd Mary E. Switzer Memorial Seminar

Held September 2000

Edited by L. Robert McConnell, DPA

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The Switzer Monograph reflects the writings, discussions, and recommendations of the Switzer Scholars at the 22nd Annual Mary E. Switzer Memorial Seminar, held Oct. 2–4, 2000, at Michigan State University in East Lansing, Michigan. Opinions expressed in the *Switzer Monograph* are those of the writers and do not necessarily reflect the policy of the National Rehabilitation Association or any other organization.

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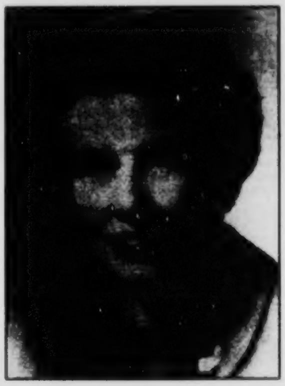
About Mary E. Switzer

The Switzer Seminars and Monograph Series are so named as an ongoing tribute to Mary E. Switzer, a pioneer and visionary leader in rehabilitation. The people who knew her remember her for her compassion and foresight. She became director of the Federal Office of Vocational Rehabilitation in 1950 and was instrumental in the shaping of P.L. 565, the 1954 Vocational Rehabilitation Act Amendments. This legislation is most noted for its expansion of services to persons with mental impairments, its establishment of demonstration grants, the initiation of rehabilitation facility grants, and the authorization of funding to colleges and universities for training professional rehabilitation workers.

Ms. Switzer served as commissioner until 1967, when she became the first administrator for Social and Rehabilitation Services, serving until 1969. In addition, she was vice president of the World Rehabilitation Fund until her death in 1971 and had been president of the N.R.A. in 1960–1961.

She was fondly remembered and recognized in the November/December 1971 issue of the *Journal of Rehabilitation:* "While readily recognized as a truly great administrator in the classical sense, her true capacity and ability can only be appreciated when we realize that these accomplishments sprang from an inner expression of sensitivity, emotional refinement, and dedication to serve all less fortunate people. Her egalitarian qualities were not contrived but spontaneous, stemming from love and respect for all living things."



It is significant to note that two of the 1998 Switzer authors cited Mary Switzer as being directly or indirectly responsible for program advances in the areas of accreditation and counselor certification, respectively. She is also referenced in this monograph for her continuing emphasis on the importance of work for persons with disabilities. It is especially important to remember her as we move into a new millenium and examine the topic of disability policy. She, above all others, may have been the most influential individual in shaping policy and direction for the state/federal vocational rehabilitation program in the 20th century. Mary Switzer left a legacy of courage, caring, and innovation from which all of us benefit.

Comments From the Executive Director of the National Rehabilitation Association

Welcome to the monograph proceedings of the 22nd annual Mary E. Switzer Memorial Seminar. This year's topic, "Emerging Workforce Issues: WIA, Ticket to Work, and Partnerships," is both timely and germane. In keeping with the policy focus of our previous year's seminar, the participants examined the implications of two specific pieces of disability policy legislation—The Workforce Investment Act (WIA) and the Ticket to Work and Work Incentives Improvement Act (TWWIIA)—considering content, intent, and projected outcomes. The passage of this legislation has forever altered the national vocational rehabilitation program and employment delivery systems, and will affect providers and consumers alike in ways not yet contemplated, hence the need for the type of critical analysis and exploration offered in this year's seminar papers and dialogue.

Once again we were honored to have several members of the National Rehabilitation Association serve as Switzer Scholars. Their expertise in and commitment to eliminating barriers to employment/productivity for individuals with disabilities continue the exemplary standards of professionalism and competence established by previous Scholars. We are sincerely grateful for their talent and generosity.

Please join us in welcoming Dr. Susanne Bruyère of Cornell University (and former Switzer Scholar) as the new Switzer Chairperson. We greatly appreciate the contribution of her time and talents to assist us in maintaining this Seminar's status as a national treasure.

Michelle Vaughan
Executive Director

The Switzer Seminar Scholars

Front row (l–r): Peter Blanck, Leona Liberty, Rita Martin, Lynnae Ruttledge, Lahoma Schultz, Charlotte Griffin-Dixon, and Susanne Bruyère. **Back Row** (l–r): Hugh Berry, Bryon MacDonald, Allen Kropp, William Kiernan, James Van Erden, John Dorrer, Douglas Langham, Bruce Growick, L. Robert McConnell, Spencer Mosley, and Kathy T. Williams.

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Financial support for the Switzer Seminars comes from contributions to the Switzer Memorial Fund of the National Rehabilitation Association (NRA). Those who established the fund in 1975 felt that the fund and the seminars it sponsors were a meaningful way to keep the innovative spirit of Mary Switzer and her belief in rehabilitation alive. Investments in the Fund are derived from NRA member contributions; contributions of other individual supporters; and donations and grants from corporate, foundation, and organization sponsors. The program is solely dependent on the contributions of its supporters for its continuation. Sponsor contributions may be used to support overall program cost or designated for a particular segment or component.

The cost of operating an annual Switzer Seminar and Monograph publication cycle is approximately $30, 000. This total includes the cost of full or partial stipends for some of the scholars; seminar-related costs (space, facilities, staff support, food, materials); monograph costs (editing, production, distribution); and administrative costs (staffing, correspondence, promotion, supplies, communication). The costs of operating our Switzer Web site—*www.mswitzer.org*—are also included.

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- Monograph distribution

Major program sponsor contributions are sought in the range of $5,000 to $15,000. Funding of a program component may range from $2,000 to $12,000. Obviously, donations are accepted in any amount. Contributors can also be recognized as sponsors through the purchase of 100 or more copies of the monograph. Contributions to the Switzer Memorial Fund are tax deductible.

In 1998, a new donor category was initiated to recognize individual contributors—the "Friends of Mary Switzer." The "Friends" category allows persons who knew Mary E. Switzer, former Switzer Scholars, or others who believe in the Switzer program to demonstrate their support through contributions of $55 to $100.

We are indebted to sponsors for the essential role they play in stimulating thought and furthering knowledge in service to persons with disabilities, and in the recognition of our annual Switzer Scholars through their support of this program. All sponsors are formally recognized in the monograph, acknowledged on our Web site and other NRA media, and invited to join us for the reception honoring the Scholars.

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Thank you for your support.

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Introduction: Defining the Problem

L. Robert McConnell, Editor, 22nd Switzer Monograph

Early on in my vocational counseling career, my initial boss and mentor advised that the first step toward assisting the client lay in a clear and full definition of the problem. So, back then, our written plans for employment included, in a rather linear fashion, a statement of the client's problems and a listing of strategies for addressing them. Our thinking and interventions in those days were typically framed by three assumptions: (a) The *problem* always resided with the client; ergo, our strategies sought to "fix" the client; (b) our *solutions* were always defined by the programs and resources we could directly control or access; and (c) we could somehow isolate these problems and solve them one at a time.

As professional practice and thinking has evolved, so has our questioning of these assumptions. We have recognized that the problem also rests with major issues *external* to the client, as well as the client's own. Our reframing of the problem in this manner focuses solution-driven activities in a completely different direction, that is, toward capturing, integrating, and making available resources outside the boundaries of our own agency, and in a seamless way. We have begun to understand that *client needs* rather than *program offerings* ought to drive system solutions. Providers are thus challenged not only to link better with other resources but also to create new solutions (i.e., system innovations, which heretofore did not exist). More recently, our movement toward systems thinking has moved us away from the isolated problem-solving approach inherent in our third assumption and toward a more holistic view that recognizes the interdependence of problems and solutions. Throughout this evolution in our approach to counseling, two factors remain constant: (a) We continue to gain over time new insights about what the problems are, and (b) our solutions are still constrained, or enlarged, by how we choose to define the problem. This parallels the evolution and complexity we face at the macro level as we attempt to address the unemployment problem of the population of persons with disabilities. The two policy thrusts addressed in this monograph—the Workforce Investment Act (WIA) and the Ticket to Work and Work Incentives Improvement Act (TWWIIA)—are driven by two distinct problem definitions and sets of assumptions. Similarly, the five major action papers and additional guest reaction papers presented by the authors view the potential success of these policy initiatives from within the parameters of their problem definitions. Indeed, over the years, definitions of the problems, and ensuing solutions have been reshaped, refined, and sometimes repeated. In our initial paradigm that centered on a "broken" client, strategies were focused on developing specialized service systems to "fix" that client through restoration, counseling, and training. Ultimately, specialized, isolated systems and programs attempted to "normalize" clients and market these client-products to employers. Supporters of this paradigm saw solutions in a "more and better" framework—more and better staff, training programs, restoration services, and employee sales strategies. This approach always came up short because there were never sufficient resources and there were always some clients who could not be normalized enough. And yet, trained staff, quality vocational training, competent service delivery systems, and adequate resourcing remain critical components of an effective workforce development system for persons with disabilities.

Other paradigms emerge that describe the problem in a civil rights context. Persons with disabilities are perceived much like other minority groups, that is, as victims of prejudice, stereotypes, and discrimination. The solution is two-pronged: legal civil rights protection coupled with an education process to dispel myths and stereotypes. Proponents of this solution argue for more vigorous enforcement of the civil rights statutes and more widespread and comprehensive education efforts. However, Blanck (this issue) suggests that in the 10 years since the passage of the Americans with Disabilities Act (ADA) and the nearly 25 years since the enactment of Sections 504 and 503 of the Rehabilitation Act of 1973, the employment participation for persons with disabilities may actually have declined. Berry (this issue) suggests that the data are even more disappointing for youth with disabilities. Moreover, Bruyère (2000) suggested that in some cases ADA may in fact be a deterrent to employing persons with disabilities because employers fear a civil rights suit if individuals need to be terminated from employment. But it may also be that tracking employment is an unfair test of the impact of ADA and, furthermore, that it is still too early in the history of the legislation to gauge its full impact.

Others have suggested that the problem lies in an array of barriers external to the person—attitudinal barriers, physical barriers, and program disincentives. The obvious solutions involve altering attitudes, removing physical barriers, providing accommodations, and eliminating the disincentives built into past disability policies. The viability of this "change the system" strategy is tempered by the complexity of changing attitudes, the perceived and actual costs of removing physical barriers, and the historical difficulty in removing the major disincentives inherent in the policies guiding social and employment programs. This latter dichotomy of income maintenance versus employment preparation, Scotch (2000) suggested, may be related to perceptions of worthiness or unworthiness of the person with a disability, which shapes the formation of disability policy. The Ticket to Work and Work Incentives Improvement Act, which is one of the centerpieces of this monograph, seems to hold, according to advocates and policymakers alike, great promise for minimizing the disincentives aspect of the "system problem." A discussion of the issues involved in its effectiveness for both employers and persons with disabilities, and how that effectiveness should be ascertained, is undertaken by a number of the writers in this monograph.

A recurrent theme in issues surrounding the unemployment of persons with disabilities is the fragmented, uncoordinated nature of workforce development programs. This problem is characterized by turfism, separate funding streams, varying eligibility requirements, and segregated service delivery systems. Critics have decried these service delivery systems as being program driven rather than client responsive. The rhetoric for service coordination has been long-standing, and the ability to achieve it, consistently problematic. Concerns always arise regarding the need for specialized expertise and service delivery approaches, protection of fiscal and program resources, sensitivity to the needs of persons with disabilities, and ultimately, a fear of loss of control. The Workforce Investment Act holds promise for building coordinated systems responsive to customers. Its potential and pitfalls are examined in this series of papers.

It is evident that the problem of unemployment of persons with disabilities is multifaceted in nature. Solutions likewise require an attack on many fronts. Progress is made as we continuously examine and improve approaches, policies, practices, and systems on each of these fronts. The reader is encouraged to digest and reflect on the information and diverse perspectives presented in this monograph and use that information to help foster the next iteration of solutions.

ABOUT THE AUTHOR

L. Robert McConnell, DPA, CRC, LPC, is a retired administrator from the State of Michigan Vocational Rehabilitation Agency. He retired in 1997 after serving for 35 years in various capacities, including as employment counselor, program consultant, program supervisor, and administrator of central staff services. Since his retirement, he has remained active as an adjunct faculty member in rehabilitation counseling at Michigan State University and Wayne State University, and he teaches in the Administrative Sciences Program at Central Michigan University. He is also the current director of the Mary E. Switzer Memorial Seminars for the National Rehabilitation Association.

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Bruyere, S. (2000). Civil rights and employment issues of disability policy. In L. R. McConnell & C. E. Hansen (Eds.), *Disability policy: Issues and implications for the new millennium (a report on the 21st Mary E. Switzer Memorial Seminar)* (pp. 13–23). Alexandria, VA: National Rehabilitation Association.

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The Switzer 2000 Seminar: Perspectives

Susanne M. Bruyère, Chair

I am very pleased to be able to contribute to this publication for the Switzer Seminar Series for 2000 as its Chair. It has been my distinct honor to serve as a Scholar (last year) and now as Chair in 2000 for two related Switzer Seminars that address the topic of employment and disability policy. This is an area that is of significance to me, both professionally and personally, as I currently serve as the project director of the Employment and Disability Policy Center at Cornell University, funded by the U.S. Department of Education, National Institute on Disability and Rehabilitation Policy. It has been rewarding to see the Switzer Seminar Series focus for 2 consecutive years on topics that are so timely and of great significance to our field.

Over the course of those 2 years, 1999 and 2000, employment and disability policy has been the consistent seminar theme, with a slightly different emphasis each year. In the preceding monograph and series of papers, we covered the topic of employment and disability policy more broadly, from the perspectives of theoretical constructs that provide an eclectic overview, contextual considerations and consumer influences over the history of disability policy in the United States, civil rights issues in disability policy, the implications of emerging demographics for policy, and consumer direction for policy development and rehabilitation service delivery. The 1999 Switzer monograph provided an excellent overview of disability policy in the United States, tracing the history of contributions from consumers and U.S. employment policy more broadly, discussing the impact of legislation, changing U.S. population issues such as ethnicity and race, and how legislation in the past decade relating to employment and disability (in this case, the Americans with Disabilities Act) has influenced employment and disability policy.

In this monograph, an excellent extension of the previous discussion is provided by this year's series of five papers and the accompanying perspectives and commentaries. More specificity about particular laws influencing employment and disability policy in the past 2 years is provided. Discussion about school-to-work transition and various pieces of recent legislation, such as the Workforce Investment Act and the Ticket to Work and Work Incentives Improvement Act, provides an excellent forum on specific policy changes and their implications for practice, education, and local policy development. These series of papers provide very specific comments on how changes at the local level, such as implementation of "One Stops," influence rehabilitation counselor practice and systems change.

The collective discussions that occured across these two Switzer Seminars provide considerable breadth of examination and depth of information on employment and disability policy. It is our hope that from this series of papers and the two resulting monographs, rehabilitation policymakers, agency and state systems administrators, rehabilitation educators, and practitioners will not only stimulate thought but also, and more important, stimulate *action* at the local level by individuals concerned with enhancing employment opportunities for people with disabilities.

ABOUT THE AUTHOR

Susanne M. Bruyère, PhD, CRC, is the director of the Program on Employment and Disability at Cornell University in the School of Industrial and Labor Relations–Extension Division. She is currently the project director and a principal investigator of three research efforts funded by the U.S. Department of Education, National Institute on Disability and Rehabilitation Research (NIDRR): the Rehabilitation Research and Training Center for Economic Research on Employment Policy for Persons with Disabilities; a 4-year research and demonstration project in collaboration with the Society for Human Resource Management, the Washington Business Group on Health, and the Lewin Group to address ways to improve the employment practices covered under the Americans with Disabilities Act (ADA); and a Mary E. Switzer Distinguished Research Fellowship to conduct a comparative study of employer practices under the ADA and the Disability Discrimination Act in Britain.

Acknowledgements

There is something about the Mary E. Switzer Seminars and Monograph Series that brings out the best in people. I am again indebted to the myriad of professionals and contributors who provided quality time and assistance to produce the 22nd seminar and publications. My compliments and deep appreciation go to Dr. Susanne M. Bruyere, my new partner as Chair of this year's seminar. She not only capably led the seminar but also proved invaluable in planning, identifying resources, making suggestions, serving as a sounding board, and doing "whatever is necessary" to help make the program work. Please note her "Perspectives" included in this publication. I am grateful that she has agreed to take on the job as Chair, adding this responsibility to a plate that is already full.

I continue to appreciate the help and support of my local host and partner, Michigan State University (MSU). Dr. Michael Leahy, director of the MSU Office of Rehabilitation Counseling and Disability Studies (ORDS) has contributed to the success of this program in a major way, as a member of the Switzer Planning Committee, helping to secure financial support through the University, providing ongoing consultation and assistance, promoting the program in the rehabilitation education community, and arranging for the support of the graduate students during the seminar. Those students were Christine Umlar, Kathe Matrone, Roy Chen, Charlotte Rodman, Song Jae Jo, Perry Jackson, and Ron Harkness. Their on-site assistance in gathering materials, making copies, dealing with accessibility issues, supporting small-group discussions, taking photos, responding to Scholars' questions, and whatever else needed doing played a critical role in the seminar. Graduate students have served in this capacity for 3 years and proved invaluable to the process. All other ORDS staff and faculty are also acknowledged for their assistance and support.

Special recognition must be extended to Dr. Donald E. Galvin, a continuing supporter and contributor to the Switzer program. He has been a past Scholar-author and annual member of the Switzer Planning Committee. I am grateful for his suggestions and ideas in the Planning Committee and for his contribution to this monograph as an Invited Guest Reactor. He has been a good friend to the Switzer program who contributes in a substantive way.

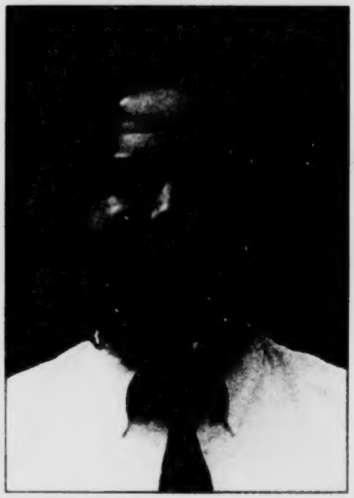
It is appropriate to also recognize another partner in this endeavor: PRO-ED, the monograph's publisher. Throughout this partnership PRO-ED's commitment to a professional product has helped to ensure a monograph publication of quality.

The support and assistance of the parent organization, the National Rehabilitation Association, cannot be overlooked. Their contributions of funding and staff support from the NRA office throughout the year are essential and much appreciated. Sponsors' financial contributions are critical for the continuation of this program. Without the contributions of organizations and individuals to the Switzer Memorial Fund, the program would cease to exist. Thank you for your financial support.

Last, but foremost, is an expression of appreciation to this year's scholars. It is from their contributions, through major action papers, reaction papers, recommendations, dialogue, and discussion, that the substance of this monograph emerges. We are grateful for the bright, committed people in the rehabilitation community who donated their time and ideas to this effort. The Switzer program and the rehabilitation community have benefited from their contributions.

—**L. Robert McConnell**

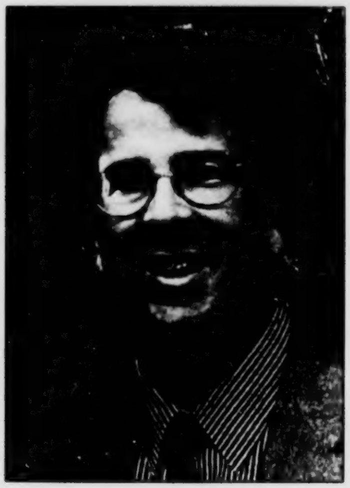
Profiles of the 2000 Seminar Scholars



Hugh Berry

Hugh Berry, EdD, has served since 1993 as a policy analyst at the U.S. Department of Education, Office of Special Education and Rehabilitation Services. His primary work activities focus on inter- and intra-agency policies, budgeting, and disability-related research. Over the past 2 years, Dr. Berry has collaborated with the National Center on Education Statistics for the publication of two recent reports on disability and higher education.

Dr. Berry earned his doctorate in education at George Washington University in Washington, DC, in June 1999. He also holds a master of science degree in special education with an emphasis in technology. Current research interests include federal income maintenance programs and employment for young adults with disabilities, family involvement, transition planning, and postsecondary education accommodations and supports. Prior to his work at the Department of Education, he was employed for 7 years as a special education and transition support teacher in Montgomery County, Maryland. Dr. Berry now resides in Harpers Ferry, West Virginia, with his wife and three children.



Peter David Blanck

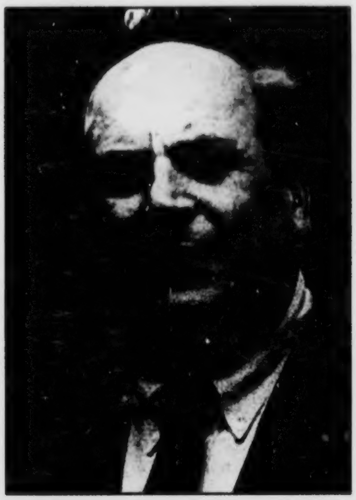
Peter David Blanck, PhD, JD, is a professor of law, psychology, and occupational medicine at the University of Iowa. He received his doctorate in psychology from Harvard University and his law degree from Stanford Law School, where he served as president of the *Stanford Law Review*.

Dr. Blanck is the director of the Law, Health Policy & Disability Center at the Iowa College of Law. He is a member of the President's Committee on Employment of People with Disabilities, and he has been a Senior Fellow of the Annenberg Washington Program, in which capacity he explored the implementation of the Americans with Disabilities Act (ADA).

Dr. Blanck has written articles and books on the ADA and received grants to study the law's implementation, and his work has received national and international attention. His recent books in the area include *The Americans with Disabilities Act and the Emerging Workforce* (1998) and *Employment, Disability, and the Americans with Disabilities Act* (2000).

Dr. Blanck has been a commissioner on the American Bar Association Commission on Mental and Physical Disability Law, chair of the American Psychological Association's Committee on Standards in Research, and president of the American Association on Mental Retardation's Legal Process and Advocacy Division. He also has been a Fellow at Princeton University's Woodrow Wilson School, and a Mary Switzer Scholar.

Prior to teaching at Iowa, Dr. Blanck practiced law at the Washington, DC, firm of Covington & Burling and served as a law clerk to the late Honorable Carl McGowan of the U. S. Court of Appeals for the DC circuit.



John Dorrer

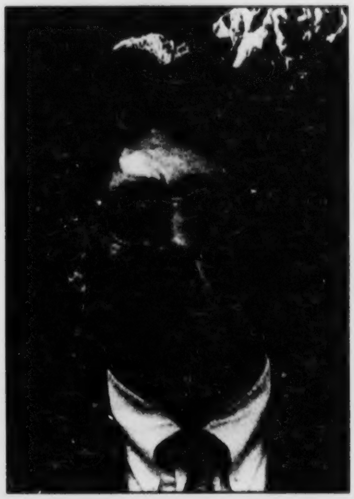
John Dorrer, MS, is a senior vice president for the Training and Development Corporation (TDC) In Bucksport, Maine, and a senior associate for the National Center on Education and the Economy (NCEE) in Washington, DC. Mr. Dorrer has more than 25 years of experience as senior executive, teacher, consultant, and researcher in the nonprofit sector, higher education, and government, leading efforts in strategic planning, program development, marketing and resource development, project management, research, performance evaluation, and continuous improvement planning. His long-term focus has been on the workings of regional economies and labor markets, with an emphasis on labor demand and supply, occupational forecasting, and emerging workplace skill requirements created by technological change and the adoption of innovation. He has a particular interest in the connection between labor market dynamics and the responsiveness of education and training programs and public employment services.

Along with his duties at TDC and NCEE, Mr. Dorrer holds an appointment as adjunct assistant professor of economics at the University of Maine. In addition, he consults regularly for states and cities throughout the United States on matters related to job training, employment services, and workforce development. He is currently working with Indiana, New Hampshire, Wisconsin, Texas, and New Mexico, and is regularly called on by the U.S. Department of Labor to advise on matters of policy and systems development.

Charlotte Griffin-Dixon

Charlotte Griffin-Dixon, RhD, CRC, is an associate professor in the Department of Rehabilitation and Mental Health Counseling at the University of South Florida in Tampa. She is responsible for teaching, research, and service, and her areas of expertise are in vocational evaluation, career counseling, and multiculturalism. She also serves as the coordinator of vocational programming. Prior to her teaching experience, Dr. Griffin-Dixon acquired more than 15 years in human services, providing individual and group counseling, and case management and evaluation services to both adolescents and adults. She also maintains a current vocational consulting practice and is a recent appointee to the Florida Rehabilitation Council.

Dr. Griffin-Dixon received her doctorate in rehabilitation counseling from Southern Illinois University in Carbondale and obtained her master's in rehabilitation counseling from the University of South Florida. Her research has focused on improving services to ethnic minorities with disabilities and enhancing services to late-deafened adults. She has published widely on these and other topics, including a recent book, *Professional Counseling: Transitioning into the Next Millennium.*



Bruce S. Growick

Bruce S. Growick, PhD, is an associate professor of rehabilitation services at The Ohio State University, where he teaches courses, advises students, and conducts research in disability determination and rehabilitation. He is a graduate of the University of Wisconsin and Columbia University. Dr. Growick has published widely in the field of rehabilitation, especially in the areas of rehabilitating injured workers. During a 2-year leave of absence from The Ohio State University (1989–1990), Dr. Growick was director of the Rehabilitation Division of the Ohio Bureau of Workers' Compensation. He has been on the editorial boards of the *American Journal of Physical Medicine and Rehabilitation* and *Rehabilitation Counseling Bulletin.* He is also a past president of the International Association of Rehabilitation Professionals and is currently a vocational expert for various national and state agencies.

William E. Kiernan

William E. Kiernan, PhD, is the director of the Institute for Community Inclusion (a University Affiliated Program) and an adjunct professor in the Graduate College of Education at the University of Massachusetts at Boston. The Institute is funded jointly by the Administration on Developmental Disabilities and Maternal and Child Health, both of which are in the Department of Health and Human Services and Maternal and Child Health, and the Institute includes the Center on State Systems and Employment Outcomes, a Rehabilitation Research and Training Center funded by the National Institute on Disability Rehabilitation and Research.

For the past 29 years Dr. Kiernan has served in a variety of capacities in the Institute for Community Inclusion at Children's Hospital and been a member of the faculty of the university for more than 12 years. He has served as an international consultant in five countries in the development of adult service systems for persons with disabilities and provided training and technical assistance in more than 40 states. He is the author of more than 120 articles and reports, with a specific emphasis on employment and public policy development in adult services. He serves on the editorial boards of several journals, including the *Journal of Disability Policy Studies, Journal of Vocational Rehabilitation, Mental Retardation, The Journal of Head Trauma Rehabilitation* and *Focus on Autism and Other Developmental Disabilities.*

In addition to holding a doctorate in rehabilitation and special education from Boston College, he has a master's degree in rehabilitation counseling and a second master's in business administration with a concentration in health care management from Boston University. He has an academic appointment in the School of Public Health at Harvard University and is a faculty member in the Graduate College of Administration at Simmons College.

In his early career, Dr. Kiernan worked in a sheltered workshop as a line supervisor and later became the associate director of one of the largest community rehabilitation providers in the Commonwealth of Massachusetts. Over the past 15 years he has been the principal investigator for more than 80 federal research, training, and model demonstration projects addressing the employment, recreation, inclusion, and transition needs of individuals with disabilities.

He has served in a leadership capacity in a number of state and national organizations: as vice president of the Massachusetts Association for Retarded Citizens (now Arc Massachusetts), co-chair of the Governor's Commission on Employment of Persons with Disabilities, president of the American Association on Mental Retardation, treasurer of the American Association of University Affiliated Programs, and currently as a member of the Research Advisory Committee of the Arc U.S.

Allen Kropp

Allen Kropp, JD, is a senior policy advisor to the commissioner of the Rehabilitation Services Administration (RSA) of the U.S. Department of Education. He advises the commissioner on a variety of matters concerning the State Vocational Rehabilitation Services Program (VR program) and assists in overseeing federal administration of the VR program as affected by the Workforce Investment Act. In addition, Mr Kropp is a chief drafter of all VR program regulations and is currently working to complete RSA's key regulatory initiatives for increasing opportunities for persons with significant disabilities to achieve high-quality, competitive employment in their communities.

Previously, Mr. Kropp spent 6 years in the department of Education's Office of the General Counsel as chief program attorney for the VR program and as counsel on special education, teacher quality, and civil rights matters. During that time, Mr. Kropp worked to help shape the 1998 Amendments to the Rehabilitation Act. He also assisted in establishing the department's National Awards Program for Effective Teacher Preparation, broad-based systems-change projects encompassing multiple federal disability programs, and many other department grants that fund disability-based projects across the country.

Mr. Kropp received his law degree from the National Law Center of the George Washington University in Washington, DC, and his bachelor's degree from Bates College in Lewiston, Maine. Prior to attending law school, he worked as a public school teacher and coach in the greater Boston area and is a certified mathematics teacher in Massachusetts. Mr. Kropp has also served as an adjunct professor at the George Washington University, where he taught education law in GWU's education administration program. Mr. Kropp currently lives in Freeport, Maine, with his wife and two young children.

Douglas K. Langham

Douglas K. Langham, MA, CRC, LPC, has served as administrator of the Vocational Rehabilitation Division at the Bureau of Workers' Disability Compensation in the Michigan Department of Consumer & Industry Services since December of 1977. He was a member of the Governor's Special Action Committee on Disability Management from 1986 to 1996. He was the reasonable accommodation coordinator for the former Department of Labor from 1987 to 1997 and was chairperson of the ADA implementation team from 1991 to 1997. He received his master's degree in rehabilitation counseling from Michigan State University in 1974. He has been a certified rehabilitation counselor since 1975 and a licensed professional counselor since 1991.

Prior to assuming his present position, Mr. Langham was a workers' compensation/no fault specialist with Michigan Rehabilitation Services. He began his career in state government in 1972 as a disability examiner with the Disability Determination Service.

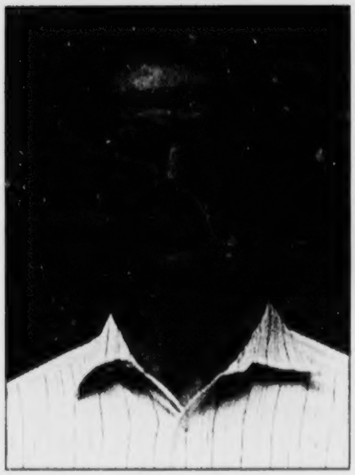
Mr. Langham is a member of the National Rehabilitation Association and served as president of the Michigan chapter from 1996 to 1998. He currently serves on the MRA board of directors. He was previously a member of the board of directors of the Michigan Rehabilitation Counseling Association. He is chairperson of the Michigan Coalition for Quality Rehabilitation Performance Guidelines and a member of the Vocational Rehabilitation Program Advisory Councils at Michigan State University and Wayne State University. In 1993, Mr. Langham received the Distinguished Service Award from the Rehabilitation Counseling Program at Michigan State University.

In addition to his rehabilitation activities, Mr. Langham is an assistant district governor of Rotary. He is president of Global Hopemakers, a nonprofit leadership development organization, which facilitated the signing of the Lansing–St. Petersburg (Russia) Sister City Agreement. Doug is also a member of the Lansing Regional Sister Cities Commission.

Leona H. Liberty

Leona H. Liberty, EdD, CRC, NCC, is the director of the Capabilities Evaluation Center, a for-profit rehabilitation provider offering vocational evaluation, case management, and rehabilitation analysis and expert testimony services. Her career in rehabilitation spans 20 years, during which she has served as a professor in rehabilitation counseling, a rehabilitation coordinator, a facility rehabilitation counselor, and a counseling supervisor. Her professional involvement includes serving as current editor of the National Association of Service Providers in Private Rehabilitation (NASPPR) newsletter, as a past member of the editorial board for the *Journal of Applied Rehabilitation Counseling,* and as a 1994 NRA lecturer and delegate to the Peoples Republic of China, and publishing a book in 1990 titled *Counselor: National Certification and State Licensing Preparation—CRC and NCC.*

Dr. Liberty obtained her doctorate in education administration and counseling from Louisiana State University and her master's in rehabilitation counseling from Syracuse University in New York. She has maintained certification as a rehabilitation counselor since 1980 and as a national certified counselor since 1982, in addition to being certified for U.S. Department of Labor workers' compensation programs and for the Social Security Disability programs as an expert witness.

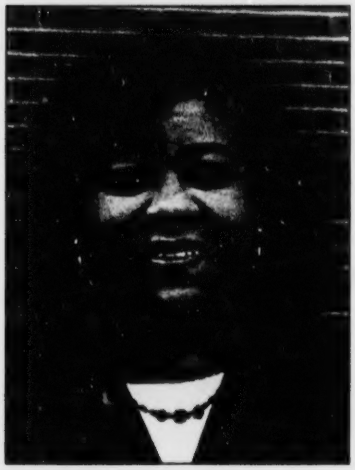


Bryon R. MacDonald

Bryon R. MacDonald is a public policy advocate at the World Institute on Disability (WID), where he is currently focusing on the California Ticket to Work and Work Incentives Investment Act (TWWIIA) initiative. As the lead public policy advocate for WID on the TWWIIA initiative, he is the prime public contact person, working with consumers of services, consumer groups, stakeholders, public agencies, and policymakers on the goals of the project. In this capacity he cultivates consumer and stakeholder relationships and also provides guidance to the TWWIIA policy analyst.

Mr. MacDonald has a diverse 20-year background in direct services and public policy focused on employment and benefits planning with and for adults with disabilities. He is a presidential appointee to the SSA Ticket to Work and Work Incentives Advisory Panel, is on the National Council on Independent Living, and is a National Advisory Board Member on the Research, Rehabilitation and Training Center on Workforce Investment and Employment Policy for Person with Disabilities (funded by NIDRR), Community Options, Inc., Washington, DC. In 1997 he founded and continues to manage the Work Incentive Update Listerv (WI-UL), which provides e-mail updates, articles, and bill summaries on work incentives to some 1,400 national subscribers.

Mr. MacDonald is a recipient of the National Council on Independent Living 1999 Region IX Advocacy Award, the Disability Rights Advocates 1999 Eagle Award, the Oakland Mayor's Commission on Persons with Disabilities 1998 Certificate of Recognition for Outstanding Service to the Community, a Letter of Recognition from Senator Edward M. Kennedy, recognition from the California Vocational Rehabilitation agency, and many other awards for his advocacy and leadership on disability issues.

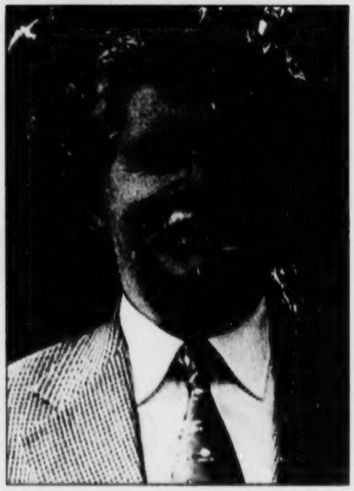


Rita Martin

Rita Martin, CRC, has served as the deputy director of the Indiana Vocational Rehabilitation Services (VRS) agency since 1996. In this capacity she is responsible for administration of the state/federal VR program in Indiana, which includes 360 employees and an annual budget of $67 million. Under her leadership, the Indiana service delivery system has been restructured to focus on improved customer service and high-quality employment outcomes.

Prior to becoming director, Ms. Martin accumulated 20 years in the Indiana VRS agency as counselor, area supervisor, and executive assistant to the director of the division. She has done graduate work in counseling at Butler University in Indianapolis, Indiana, and holds a bachelor's degree in psychology from Kentucky State University. Ms. Martin is also a Certified Rehabilitation Counselor.

Ms. Martin recently completed her term (1999–2000) as president of the Council of State Administrators of Vocational Rehabilitation, the national organization representing state vocational rehabilitation agencies. She is also a current appointee to the National Workforce Excellence Board, established by the Department of Labor to promote performance excellence throughout the workforce development system. Since 1999 Ms. Martin has also been actively working at the national level with a number of organizations and agencies in support of quality services for persons with disabilities.



Spencer L. Mosley

Spencer Mosley, MS, LRC, is a rehabilitation supervisor with the Wisconsin Division of Vocational Rehabilitation (DVR), responsible for directing the rehabilitation program in six northeastern Wisconsin counties. In his 27 years with Wisconsin DVR, he has also held positions as a vocational evaluator and vocational rehabilitation counselor. His recent experience of the last 10 years in Wisconsin's pioneering job centering initiative has provided substantial insights regarding the development and implementation issues (especially in accessibility and accommodations) that affect persons with disabilities in such collaborative programs.

Mr. Mosley has been actively involved with the National Rehabilitation Association (NRA) over the past 25 years on all levels. He served as national president in 1993, as a member of the national board from 1987 to 1990, and as president of the Great Lakes Region in 1986, and he was the Wisconsin State Chapter president in 1980. In addition, he co-originated and served as chairperson of ACCESS-US, an NRA national service project that provides accessibility training. He has trained throughout the country on program, job, and physical accessibility; the Americans With Disabilities Act (ADA); and workplace attitudes through the Windmills training program. He has also been a presenter for national NRA conferences and addressed workplace disability and ADA compliance issues through various print, radio, and television media.

Mr. Mosley has also been involved with the independent living program, having served from 1997 to 1999 as president of Options for Independent Living, a consumer-based center of independent living (CIL) in northeastern Wisconsin. Under his leadership, that CIL, through community donations in excess of $1.1 million, designed and constructed a state-of-the-art model accessible home and office facility. The facility provides an opportunity for visitors to experience firsthand the features of a totally accessible complex.

Mr. Mosley obtained a master's degree in vocational rehabilitation, with a specialty in work evaluation, from the University of Wisconsin–Stout (UW–Stout). He is also a licensed rehabilitation counselor in the state of Wisconsin. He is a recipient of the 1992 UW–Stout Outstanding Graduate Award, received the Exceptional Performance Award from the Wisconsin Department of Health and Social Services in 1995, and was given the Elsa Trombla Outstanding Volunteer Award from the Wisconsin Easter Seal Society in 1997.

Lynnae M. Ruttledge

Lynnae M. Ruttledge is the assistant administrator for planning and policy with the Oregon Vocational Rehabilitation Division. Ms. Ruttledge provides leadership and supervision to the division's units for quality assurance, staff training and development, and grants management. Additionally, she serves as project director and co-principal investigator for a 5-year RSA systems change grant and a 3-year Robert Wood Johnson Foundation grant. She has primary responsibility for creating and sustaining partnerships at the state level with workforce system partners in the implementation of the Workforce Investment Act.

Ms. Ruttledge graduated from Northern Michigan University with a bachelor of science degree in education in 1971. While employed with Lansing Community College, she completed the Vocational Education Administration Leadership Development Program sponsored by the Michigan Department of Education in 1986.

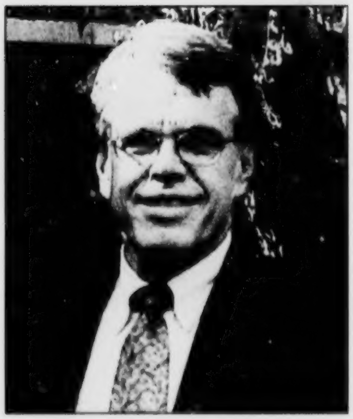
As a person with a disability, Ms. Ruttledge has been involved in the fields of vocational rehabilitation, independent living, and disability rights for more than 20 years. She has been a consumer of vocational rehabilitation services, has served as executive director of a center for independent living, and has 14 years' experience with the Oregon vocational rehabilitation agency.

Additionally, Ms. Ruttledge has been affiliated with Mobility International USA (MIUSA) since 1988 and currently serves as president of the board of directors. As a noted disability rights advocate, Ms. Ruttledge has served as a delegate in cultural and educational exchanges to China (1988), Russia (1993), New Zealand/Australia (1994), Japan (1996), Germany (1997), Zimbabwe (1998), and Uzbekistan (2000).

In October 2000, Ms. Ruttledge received the 2000 Governor's Award for Oregon. This is the highest honor given by the governor annually to recognize an individual for significant contributions to the employment and empowerment of persons with disabilities. Based on her receipt of this award, the Oregon Disabilities Commission will nominate Ms. Ruttledge in 2001 for the President's Award through the President's Committee on Employment of Persons with Disabilities.

Lahoma Schultz

Lahoma Schultz, MS, LPC, CRC, is a doctoral student in the counseling psychology program at Oklahoma State University in Stillwater. She received her bachelor's degree in education from Northeastern State University (1975) and her master's degree in counseling psychology from Northeastern State University (1994). She is licensed by the State of Oklahoma as a professional counselor (LPC), and she is a certified rehabilitation counselor (CRC). Her past employment consists of 1 year as a high school business education teacher at Monument Valley High School in Kayenta, Arizona; 1 year as a middle school teacher at Concho Indian School, Concho, Oklahoma; 1 year in real property management for the Cheyenne-Arapaho Tribe; 11 years as social worker for the State of Oklahoma's Department of Human Services; and 9 years as a vocational rehabilitation counselor with the State of Oklahoma's Vocational Rehabilitation Services. Ms. Schultz's social work experience involves working with older people, individuals with blindness, individuals with disabilities, Aid to Families with Dependent Children recipients, and the SSI/Disabled Children's Program. Her vocational rehabilitation experience involves working with individuals with developmental disabilities, those with mental disabilities, and Native Americans with disabilities. She founded the Oklahoma Association of Multicultural Rehabilitation Concerns and served as president for the first 2 years. She was presented with the Outstanding Chapter President award from the National Association of Multicultural Rehabilitation Concerns in 1998—the same year that she coordinated the NAMRC Annual Training Conference. She was awarded the Oklahoma Federation of Indian Women's Humanitarian of the Year award and made a Fellow in the American Indians Into Psychology program through Oklahoma State University in 1999. Ms. Schultz was recognized for her support of the National Association of Multicultural Concerns at the 2000 National Training Conference.



James D. Van Erden

James D. Van Erden, PhD, is currently the director of workforce development for Goodwill Industries International, Inc. (GII). He is responsible for overseeing workforce development policy, program design, and implementation for GII in the United States and Canada, and he is involved in similar issues for GII affiliates abroad. Goodwill Industries is the world's largest employer of people with disabilities and other barriers to employment ($1.65 billion in revenue in 1999). Goodwill's membership is composed of 182 private, not-for-profit corporations in the United States and Canada and more than 30 affiliated organizations around the world.

Dr. Van Erden recently served for almost 4 years as the senior vice president for workforce development at the National Alliance of Business (NAB). His work there focused primarily on enhancing the business community's competitiveness through Alliance initiatives designed to improve the quality of the nation's workforce. These efforts included the development of industry-based skill standards, promotion of job training and workforce investment both in-company and through public/private partnerships, and workplace restructuring.

Prior to his work at NAB, Dr. Van Erden served for more than 20 years at the U.S. Department of Labor, for the final 6 years as the administrator of the Office of Work Based Learning. In that position he had responsibility for the Office of Trade Adjustment Assistance, the Office of Economic Dislocation, and worker adjustment assistance programs. While at DOL, Dr. Van Erden also served as the director of the Bureau of Apprenticeship and Training, and chief actuary of the Unemployment Insurance Service.

Prior to joining the Department of Labor, he was an associate professor of economics at Weber State University, where he taught statistics, operations research, linear programming, business decision making, and logic. Dr. Van Erden has had major responsibility for developing a variety of initiatives, including school-to-work programs, national skills standards, and programs to assist small and mid-sized companies. He has also written numerous professional papers and has extensive national and international speaking experience.

Kathy T. Williams

Kathy T. Williams, MA, CRC, is division director of program planning and development for the Kentucky Department of Vocational Rehabilitation. Her division includes the functions of Human Resource Development, Consumer Advocacy, Rehabilitation Technology, Communications, Internet, Intranet, State Plan, and the State Rehabilitation Council. She received both her bachelor's degree in education and her master's degree in adult education/counseling from Morehead State University and has also done postgraduate work at the University of Virginia, Virginia Commonwealth University, and the University of Tennessee. Her career in rehabilitation spans 32 years and includes experience as a regional administrator, field supervisor, and rehabilitation counselor.

During her career, Ms. Williams served 6 years on the National Rehabilitation Association (NRA) Board, served as president of the National Rehabilitation Administration Association, and is the immediate past president of the southeast region of NRA. Along with numerous advocacy and leadership awards and citations from state and national rehabilitation organizations, the Kentucky ARC, and the Kentucky Developmental Disabilities Council, she received an Americans with Disabilities Act Award from the Task Force on the Rights and Empowerment of People with Disabilities. Ms. Williams is a certified rehabilitation counselor.

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Toward Researching a National Employment Policy for Persons with Disabilities

Peter David Blanck and Helen A. Schartz, *University of Iowa*

A national employment policy toward persons with disabilities has evolved from a model of charity and compensation to one of civil rights, as embodied in laws such as the Americans with Disabilities Act, the Workforce Investment Act, and the Ticket to Work and Work Incentives Improvement Act. Despite the new policy approaches, millions of individuals with disabilities who are capable of working remain unemployed or underemployed. Traditional study of this problem has focused on labor force participation and wage rates. This paper examines a wider range of employment outcomes, including self-employment and entrepreneurial and temporary employment. It stresses also that evaluation should address economic self-sufficiency, self-determination, and access to education and technology. The authors conclude that the development of a cumulative body of research is needed to encourage researchers to examine the workforce of persons with disabilities and the impact of national policies on the next generation of such individuals.

Critical questions are emerging about the composition, quality, and competitiveness of the American workforce of the 21st century. These questions include the following:

- What types of work skills will be needed for American employers to remain competitive in the United States and abroad?
- Will our increasingly diversified and aging workforce include millions of persons with disabilities?
- What will be the characteristics and qualifications of the workforce of persons with disabilities?
- What types of job training, technology, and accommodations will be available to that workforce?
- How will the changes that occurred in the last quarter of the 20th century in disability, welfare, and health-care policy affect that workforce?

In the past 25 years, disability laws and policies have undergone a dramatic shift from a model of charity and compensation to involving medical oversight and then civil rights (Blanck, 2000; Blanck & Millender, 2000). Contemporary employment policies and laws are focused on increasing the labor force participation of qualified persons with disabilities and reducing their dependence on government entitlement programs. Federal laws such as the Workforce Investment Act of 1998 (WIA), the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), and the Americans with Disabilities Act of 1990 (ADA) illustrate the growing public support for enhancing employment opportunities for working-age adults with disabilities and preventing discrimination in the workplace (Blanck, 2000).

Despite these and other initiatives, there is remarkably little definitive evidence that American disability policies and laws have resulted in substantial increases in the numbers of persons with disabilities who participate in the workforce (Blanck, 1998). Although our nation is in a period of record high employment, millions of persons with disabilities remain unemployed or underemployed (Schwochau & Blanck, 2000; Vilsack & Pederson, 2000). Persons with disabilities are less likely to have full-time employment, and even when employed, they earn less income than their nondisabled peers (Schwochau & Blanck, 2000).

The primary way to assess whether disability employment policies are economically and socially beneficial—or as some have argued, harmful—is through assessment of information regarding their impact on persons with disabilities, employers, and persons without disabilities (Collignon, 1997; Schwochau & Blanck, 2000). Although researchers approach this question from distinct perspectives, policymakers and individuals with disabilities will gain a more complete perspective about the effects of these employment policies if information is gathered via a range of approaches from a variety of sources (Dole, 1994; Schwochau & Blanck, 2000).

The present article describes our ongoing examination of labor force strategies and employment opportunities for the emerging workforce of persons with disabilities. The first part of the article highlights the historical evolution of national employment policy toward persons with disabilities; that is, from its beginnings in the Civil War pension system to recent TWWIIA and WIA initiatives. The second part examines contemporary efforts toward establishing a national employment policy. The third part describes illustrative research tracking employment, income rates, and educational attainment of individuals with disabilities, and the fourth identifies future research challenges and approaches for examining employment policy initiatives. The latter also provides an illustration of a recent research project we have undertaken on improving the employment status of individuals with mental illness, developmental disabilities, and mental retardation.

An Evolving National Employment Policy for Individuals with Disabilities

> We must forge a national disability policy that is based on three simple creeds—inclusion, not exclusion; independence, not dependence; and empowerment, not paternalism.—President Bill Clinton, cited in National Council on Disability, 1996, p. 23

To a remarkable degree, contemporary employment and rehabilitation programs for persons with disabilities are modeled on outmoded and medicalized stereotypes about disabilities. These long-standing views date back to the birth of the Civil War pension system, which linked the definition of disability to an inability to work and established physicians as the medical gatekeepers of disability benefits (Blanck & Millender, 2000; Sanders, 1999). The medical model focused on the individual, whose disability was perceived as an infirmity that precluded full participation in the economy and society (Blanck & Millender, 2000). Because it was a pension system, funds were used to subsidize the incomes of Civil War veterans rather than for rehabilitation efforts.

Historically, the medical model has cast people with disabilities in a subordinate role in their encounters with doctors, rehabilitation professionals, psychologists, and social workers who aimed to "help them" adjust to a society structured around the convenience and interests of the nondisabled. Because the medical model never questioned the physical and social environment in which people with disabilities were forced to function, it countenanced their segregation and economic marginalization (Hahn, 2000). Furthermore, because it aimed to address the "needs" of these individuals rather than recognize their civil rights, the medical model frequently led to government policies that viewed assistance for people with disabilities as a species of welfare (Blanck & Millender, 2000).

Today, the Social Security Disability Insurance (SSDI) program continues to define disability as an inability to engage in "substantial gainful activity" and requires a medical assessment of the disabling condition (Stone, 1984). Likewise, the Rehabilitation Act of 1973 perpetuates the medical approach to disability, promoting the concept of individuals with disabilities as impaired and needing to be "cured" through rehabilitation (Blanck & Millender, 2000).

By contrast, the disability civil rights model that first began to influence government policy in the 1970s conceptualized individuals with disabilities as a minority group, entitled to the same hard-won legal protections for equality that emerged from the struggles of African Americans and women. Proposing that disability is a social and cultural construct, the civil rights model focuses on the laws and practices that subordinate these persons and insists that government must secure the equality of persons with disabilities by eliminating the legal, physical, economic, and social barriers that preclude their full involvement in society (Scotch & Schriner, 1997; Seelman, 2000).

There is much truth to this historical reading of experiences of Americans with disabilities under the government policies that put the medical model into practice. Yet, like any interpretation of the past that posits an epochal paradigm shift, this narrative obscures as much as it reveals. By focusing on the stigmatization of these individuals embedded within the medical model, past accounts have ignored the ways in which people with disabilities have coped with—and contested the 20th century in America. Prior emphasis on the hierarchical relationships between persons with disabilities and bureaucrats, doctors, and rehabilitation counselors similarly has downplayed the ways in which the former shaped those relationships and, through their own advocacy, transformed conceptions of disability in the period well before notions of civil rights for individuals with disabilities were even conceivable.

Although until recently national employment policy continued to conceptualize disability from a medical perspective, people with disabilities, as individuals and in organized groups, began to challenge these stereotypes decades ago. Many applicants rejected for social security benefits in the 1950s appealed those decisions and hired lawyers to represent them in the appeals process (Berkowitz, 1987). Between 1955 and 1958, requests for appeals hearings increased by 500%. By 1965, the Social Security Administration was receiving more than 23,000 requests annually for hearings; by 1980, those requests had swelled to more than 250,000. Berkowitz (1987) calculated that the appeals process was successful in securing SSDI benefits for approximately 20% of the previously denied applicants. Many applicants whose appeals were rejected sought redress in federal court. Liebman (1976) found that federal courts often accepted expanded definitions of eligibility, including ruling in favor of applicants for SSDI who were capable of working but were unable to obtain jobs.

Beginning in the 1970s, individuals with disabilities also asserted their right to be independent in pursuing education and housing. A group of students with disabilities challenged the policies at the University of California at Berkeley (Shapiro, 1993). In New York, an advocacy group for the rights of individuals with disabilities, called Disabled in Action, was formed in 1971 (NCD, 1996). During this period, national disability policy began to integrate the concepts of the independent living philosophy. Title VII of the Rehabilitation Act initiated funding for independent living services, or centers for independent living (CILS). Not only did the CILS provide services for individuals with disabilities, but they were required to be operated by individuals with disabilities. Over the past two decades, CILS have grown from 10 centers in 1979 to more than 200 by 1996 (NCD, 1996).

As individuals with disabilities collectively began asserting their independence, the first federal disability civil rights act—the Architectural Barriers Act of 1968—became law ("Barriers Act"; Dole, 1994). The Barriers Act required new or newly remodeled federal buildings to be accessible to individuals with disabilities. Though brief and without enforcement provisions, the Barriers Act marked a turning point in federal disability policy. It was the first time that national policy was concerned with including rather than excluding individuals with disabilities from the mainstream (Dole, 1994).

The evolving policy of inclusion fostered federal and state laws covering a range of issues, from accessibility, voting, and air travel to independence in education and housing (NCD, 1996), culminating with passage of the ADA in 1990. In the ADA Congress expressly recognized the minority status of persons with disabilities, finding that

> historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem; . . . [and that] individuals with disabilities are a discrete and insular minority who have been faced with restrictions and limitations, subjected to a history of purposeful unequal treatment, and relegated to a position of political powerlessness in our society. (ADA, 1990 § 12101(a))

Contemporary Efforts Toward a National Employment Policy

The ADA established national goals for ensuring "equality of opportunity, full participation, independent living, and economic self-sufficiency" for individuals with disabilities (Sec. 12101(a)(8)). Eleven years after the ADA's enactment, however, there remains a lack of clarity and consistency under the ADA and across related federal laws and policies about who qualifies as a person with a disability for participation in the national employment strategy. Moreover, although the ADA requires the removal of discriminatory barriers to employment for qualified individuals with disabilities, other significant barriers remain in federal government programs. Prominent among these are economic disincentives to work, reflected in the SSDI and SSI programs and typically manifested by a lack of adequate and affordable health insurance for working persons with disabilities (e.g., Blanck, Sandler, Schmeling, & Schartz, 2000; Brooks & Klosinski, 1999; Stapleton & Tucker, 1999).

Recent national policy initiatives have been aimed at diminishing the economic barriers to work for persons with disabilities who want to work and who are capable of working (Jensen & Silverstein, 2000; Silverstein, 2000). Thus, TWWIIA expanded the availability of health-care coverage for individuals with disabilities in several ways. First, states can allow people with disabilities who have incomes over 250% of poverty level to "buy into" Medicaid health insurance programs if they are otherwise eligible for SSI. In addition, individuals whose medical conditions have improved, making them ineligible for SSI or SSDI, can now buy into Medicaid if they continue to have a severe determinable impairment. Under TWWIIA, Medicaid premiums and other cost shares are calculated on a sliding scale. Premiums for persons with incomes between 250% and 450% of poverty level may not exceed 7.5% of their income.

TWWIIA also extends Medicare coverage for people returning to work from SSDI to 8.5 years without payment of a Medicare Part A premium. After 8.5 years, the individual may continue to receive Medicare by paying the premiums for both Part A and Part B. These changes in health insurance options are meant to stimulate SSDI beneficiaries to return to work (e.g., after being injured on the job) without risking the loss of health insurance coverage by retaining Medicare coverage.

In addition to expanded health insurance options, TWWIIA and WIA were designed to reduce other work disincentives that historically have limited employment options for persons with disabilities. TWWIIA allows for an expedited reinstatement of benefits for SSDI recipients whose benefits were terminated because of increased earnings from work (i.e., and who now are unable to work because of a disability). The beneficiary may receive SSDI for up to 6 months during the period that the Social Security Administration is considering the reapplication. In addition, TWWIIA established the Ticket to Work and Self-Sufficiency Program (TWSSP), whereby recipients of SSI and SSDI use a "ticket" to obtain employment services from employment networks. The goal of TWSSP is to give beneficiaries greater choice and control over their employment services and to foster competition and innovation among employment service providers (Virginia Commonwealth University Rehabilitation Research and Training Center, 2000). With similar goals of employment in mind, WIA is meant to foster "one stop" employment and job training centers that provide accessible services to all individuals, including those with disabilities. Moreover, WIA provides that recipients of SSI and SSDI are automatically eligible for vocational rehabilitation services (Seelman, 2000).

Together, the recent employment policy initiatives reflect a significant change in acknowledging the *civil rights* of qualified individuals with disabilities to work (Seelman, 2000). This approach is in contrast to the medical model of disability that dominated U.S. federal policy for most of the 21st century (Blanck & Millender, 2000).

Researching Employment Outcomes

Despite the new approach toward a national disability employment policy of inclusion and a national economy posting record high employment rates, millions of individuals with disabilities who are capable of working remain unemployed or underemployed. The 2000 National Organization on Disability/Harris Survey of Americans with Disabilities (N.O.D./Harris Survey) reported that 34% of individuals with disabilities are employed, compared with 81% of individuals without disabilities. The 1998 Current Population Survey (CPS; U.S. Census Bureau, 1998) found that approximately 27% of individuals with work disabilities were employed, compared with 78% of their nondisabled peers. About 64% of individuals with disabilities who were employed held full-time jobs, compared with 82% of employees without disabilities. Those employees with disabilities with full-time, year-round employment had average annual earnings of $29,513, more than $8,000 less than the $37,961 average annual earnings of their nondisabled counterparts (Schwochau & Blanck, 2000). In short, even in prosperous economic times, individuals with disabilities are less likely to be employed, and if they are employed, they are more likely to be working part-time rather than full-time and earning far less than their peers.

Moreover, individuals with disabilities may be less prepared for competitive employment in the future. Individuals with disabilities, on average, attain less formal education than individuals without disabilities. According to the CPS (U.S. Census Bureau, 1998), nearly 31% of those with work disabilities had not completed high school, compared with about 18% of individuals without disabilities. Although almost one quarter (24%) of individuals without disabilities had more than 16 years of education, less than 11% of individuals with disabilities had attained that level of education. Considering that the Bureau of Labor Statistics predicts continued employment growth into 2008, with the fastest growing occupations being in information technology, a limited education will place these individuals at a significant disadvantage in the labor force (Seelman, 2000).

It should be noted that not all of the available information paints a dismal picture for individuals with disabilities. Evidence from the 1994–1995 Survey of Income and Program Participation (SIPP; McNeil, 1997) showed that 26% of individuals between the ages of 21 and 64 with severe disabilities were employed, compared with 23% in 1991–1992 (McNeil, 1993). Kaye (1998) reported increases in employment among people ages 21 to 64 years with severe functional limitations (i.e., a smaller group of individuals compared with those with severe disabilities), from almost 28% in 1991–1992 to 32% in 1994–1995. Similarly, Kruse and Schur (in press) found that from 1990 to 1994, employment trends of persons with disabilities after the ADA differed depending on the SIPP disability category: Employment rates declined among those reporting "work disabilities" but improved among those reporting severe functional limitations without a work disability. In addition, an analysis of SIPP information (McNeil, 2000) from 1994 to 1997 for persons with nonsevere disabilities showed that employment rates increased from 77% to 81%. Although employment rates for those with severe disabilities declined from 34% to 29% between 1994 and 1997, overall employment rates for younger individuals with severe disabilities were higher in 1997 compared with 1991.

In a regional study, we have been tracking the employment rates of a large group of individuals with mental retardation (Blanck, 1998) and are finding that substantial numbers of persons have been attaining and retaining competitive employment since the ADA was enacted (Blanck, 1998). Other evidence suggests also that individuals with disabilities have been attaining higher levels of education over time; for example, the 1998 N.O.D./Harris Survey reported that 20% of these individuals responded that they had not completed high school, compared with 39% in 1986.

It is the case, however, that the overall research findings are mixed. Reports of employment rate improvements coincide with news stories suggesting that for the majority of those with disabilities, few improvements have been realized since passage of the ADA, and increasing the employment rates of qualified persons with disabilities is now a national priority (Executive Order 13078, 1998). If not addressed, the unemployment problem facing the emerging generation of young persons with disabilities may hold long-term negative economic and social consequences for their future and for that of the nation. National surveys (e.g., N.O.D./Harris, 1998) have revealed that whereas almost two thirds of adults without disabilities are very satisfied with life in general, only one third of adults with disabilities would make that claim. Qualified persons with disabilities continue to be excluded, directed to sheltered and nonintegrated jobs often not designed to achieve economic "independence" and not of their choice or interest (Blanck, 1998).

Research Challenges and Opportunities

> We have come a long way . . . in both our expectations about people with disabilities and the reality of their participation in society . . . I believe we have an obligation to make sure our laws are working. . . . I think it is proper to ask how well the ADA and other federal laws help fulfill the nation's disability policy goals.—Senator Bob Dole, 1994, pp. 927–928

Senator Dole's remarks are as pertinent today as they were 4 years after the ADA's enactment. A cardinal question is posited: How will policymakers, researchers, and people with disabilities themselves systematically assess the effectiveness of the emerging national employment policy? The ADA attempts to define these goals "to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals [with disabilities]" (Section 2(a)(8)). Similarly, Title IV of WIA amended the Rehabilitation Act of 1973 to reiterate the national employment goal of "empowering individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society" (Sec. 2(b)(1)(A)). Yet, these national initiatives designed to enhance the labor force participation of individuals with disabilities also conceptualize employment as constituting one part of a broader concept of civil rights. Evaluation of these initiatives, therefore, must assess not only trends in labor market activity but also advancements in self-sufficiency, independence, inclusion, and integration.

To assess the impact of the emerging national employment policy, researchers must examine a range of outcomes in addition to traditional measures of competitive employment, income, and education rates. Monroe Berkowitz (this issue) suggests that competitive employment should lead to economic self-sufficiency and provide sufficient income for independence. However, millions of Americans with disabilities continue to live in poverty. Without true inclusion, integration, and attitudinal changes, individuals with disabilities do not have the access to competitive employment that would lead to self-sufficiency.

In addition, researchers of the new paradigm must begin to cumulate information in ways that include individuals with disabilities in the research design, data collection, and analysis processes in ways that foster autonomy and maintain scientific rigor and relevance (Seelman, 2000). The following sections illustrate several avenues for approaching the emerging research paradigm (e.g., as summarized in Table 1). The suggestions are not inclusive but are presented to foster discussion about the new research agenda.

Traditional Approaches to Studying Employment Outcomes

WIA and TWWIIA were designed to help individuals obtain and retain employment through integration of and access to job-related supports, by enhancement of work incentives, and by access to affordable health-care benefits. The impact of these policies may be measured in terms of changes in labor force rates and related income measures before and after policy implementation. Table 1 illustrates measures used in prior studies to assess employment outcomes for persons with and without disabilities, such as job status, type of employment,

TABLE 1
Illustrative Research Indicators of Employment Policy Impact

Indicator	Traditional	Alternative
Employment status	• Unemployment/employment rates • Type of employment (full or part-time) • Classification (competitive or not) • Type of business • Hours worked per time period • Duration of continuous employment	• Self-employment • Microenterprise • Temporary employment
Economic self-sufficiency	• Hourly wages • Earned income • Gross income • Earnings above minimum wage • Earnings above poverty level • Relative wages • Relative earnings	• Receipt of public benefits • Quality of life • Health and wellness • Access to affordable health care • Advocacy involvement
Independence	• Living arrangement	• Choice in employment • Self-determination in daily life • Accessibility of housing • Accessibility of transportation
Inclusion	• Access to community	• Representation in workforce • Attitudinal parity • Accessibility to technology

hours worked, and duration of employment (Collignon, 1997; Schwochau & Blanck, 2000).

In addition to traditional economic outcome measures, the impact of the new generation of national employment initiatives needs to be assessed by studying changes in economic self-sufficiency and self-determination, also illustrated in Table 1. Major policy questions to be examined include the relation of TWWIIA's modification in work incentives for SSI and SSDI (e.g., increased access to affordable health care) to competitive employment rates for individuals with disabilities, and whether concomitant improvements occur in quality of life. To answer these questions, economic assessments (e.g., wages, earned income, and gross income) might be augmented with measures of self-sufficiency (e.g., earnings above minimum wage and the poverty level). Measures of quality of life might include access to goods, services, and technology; financial security; and affordable health care (Collignon, 1997). Researchers should examine the extent to which these policies result in differences for individuals with disabilities, on average, and whether individuals with different disabilities are relatively better off compared with their prepolicy positions.

In this last regard, over the past decade we have been studying the employment, economic progress, and quality of life of more than 5,000 Oklahoma residents with mental retardation and related impairments (Blanck, 1998). Using various measures, our research demonstrates a decline in unemployment rates for this sample of individuals. For 1,130 individuals for which 1990 through 1999 data were available, unemployment levels declined by 21%, from 43% in 1990 to 22% in 1999. By 1999, almost a fourth of the participants (23%) were in integrated (e.g., competitive or supportive) employment, compared to 6% in 1990. As a group, the participants had experienced significant increases in their employment status, earned income, life skills, involvement in self-advocacy, and life satisfaction, and in the quality of their living arrangements.

Yet, more than three quarters (78%) of the Oklahoma participants who were in nonintegrated employment or were unemployed in 1990 remained in those settings in 1999. Furthermore, although participants' average monthly gross incomes (including earned and entitlement income) had risen (from $83 per month in 1990 to $413 per month in 1999), participants' average monthly *earned income* (i.e., $189) remained substantially below the poverty level. We continue to track the progress of the Oklahoma cohort over time and now in light of changes in work incentives and access to health care mandated by TWWIIA.

Last, although many Oklahoma participants have obtained competitive employment, Conroy and Fullerton (2000) reported that comparable cohorts in other states have not been nearly as successful. Comparisons and contrasts of quantitative and qualitative studies across regions, populations, and disciplines, therefore, might provide a more detailed picture of policy impact. In particular, research on the impact of national employment policies will benefit from descriptive data that focus on comparisons across studies and provide policymakers with information that illuminates the reasons why individuals are or are not successful in obtaining or retaining employment (Harkin, 1994).

Alternative Approaches to Studying Employment Outcomes

True employment inclusion and integration require access to a range of workplace and nonworkplace activities. Traditional economic outcome measures need to be augmented by measures of a range of employment activities, including self-employment, entrepreneurial activities, and temporary employment. One goal of the 1998 Presidential Task Force on Employment of Adults with Disabilities was to increase the range of employment opportunities available to persons with disabilities. This goal is supported by the President's Committee on the Employment of Persons with Disabilities (2000), which, along with the Small Business Administration, is providing training and assistance for persons with disabilities interested in self-employment and entrepreneurial activities.

One question worthy of study is, how will WIA and TWWIIA reforms help individuals with disabilities to pursue nontraditional employment options (i.e., jobs outside of large corporate settings)? And, how will those nontraditional activities serve as foundations for self-sufficiency? We recently undertook research on Iowa's Entrepreneurs with Disabilities (EWD) program to help address some of these issues. Established as a partnership among the Iowa Department of Economic Development, the Iowa Department of Education's Division of Vocational Rehabilitation Services, and the Iowa Department for the Blind, the EWD program provides technical and financial assistance and business development grants to qualified Iowans with disabilities to establish or expand small businesses, with self-sufficiency as the goal.

Our preliminary study of the EWD program described how participants with disabilities progress through the program and the characteristics of successful participants (Blanck et al., 2000). We examined the public–private partnership approach used by the program and analyzed demographic information to paint a portrait of entrepreneurs at the time they applied to the EWD program, using factors such as applicants' age, gender, education, source of income support, disability, and prior earnings and hours worked. We then fashioned a portrait of a subsample of 30 program participants in terms of their business success, their quality of life, their knowledge of the laws and policies affecting persons with disabilities (e.g., ADA, WIA, TWWIA), and the barriers they face in everyday life.

We have illustrated in the study of Iowa entrepreneurs that outcome research need not be limited to traditional competitive employment status and income growth. For self-employment, for instance, independence means job choice, self-determination, flexibility in work schedules and tasks, and self-accommodating for one's workplace accessibility. In this line of study, we emphasize, therefore, a broader view of outcome analysis, using multiple indicators, including the ways in which employees work and how work is essential to other aspects of daily life.

Technology also has become an integral part of the workplace. Without effective access to technology (e.g., computers, the Internet), individuals with all types of disabilities (e.g., mobility, sensory, neurological, learning impairments) will continue to face obstacles in work and in their daily lives (Blanck & Sandler, 2000). Achievement of the promise of full inclusion and labor force participation requires more than advancing technology, however. It also requires study of underlying attitudes and behaviors toward individuals with disabilities in all parts of U.S. society.

In this regard, research must address the attitudes of employers, co-workers, and potential employees with disabilities toward the employment of individuals with disabilities (Harkin, 2000). In addition to understanding and tracking attitudinal changes, research needs to be conducted on ways to dispel myths and prejudices about individuals with disabilities. Questions to be addressed include the following: Will changes in the work incentives under TWWIIA affect employers' and co-workers' attitudes about job applicants and workers with disabilities? And, will TWWIIA's initiatives affect the attitudes of individuals with disabilities themselves with regard to their employment goals?

In addition, research should consider the environmental factors that contribute to and define disabilities. Scotch and Schriner (1997) considered disability as human variation in which individuals are "disabled" only to the extent that their environment fails to accommodate their needs. Building on this concept, the National Institute on Disability and Rehabilitation Research (Seelman, 2000) promoted the adoption of a conception of disability as "the product of an interaction between individual characteristics and the natural, built, cultural and social environments." Research needs to address attitudinal and environmental factors that act as barriers to employment (Hahn, 2000). For instance, in what ways will the accessability and universal design goals of WIA enhance employment training opportunities for individuals with disabilities?

In addressing these questions, an examination of employment policy outcomes might be furthered by incorporating a variety of research approaches and methods. Qualitative data sources, such as individual narratives and business case studies, illustrate how laws and policies affect particular individuals. These approaches bridge the gap between the experience of living with a disability and the life experiences of individuals who do not have a disability (Murphy, 1993), raise awareness of the barriers faced in employment, and suggest potential solutions (Batavia, 1999).

Along this line, interview information from our study of Manpower Inc., a large staffing-industry company (Blanck & Steele, 1998), contributed to the development of subsequent research questions about employment intervention strategies. Using qualitative methods, the Manpower study focused on temporary employment as a means of gaining experience and skills, providing a bridge from unemployment to full-time employment for qualified individuals with disabilities. Interviews of Manpower employees with a range of physical and mental disabilities suggested that the company's investment in individualized training, job skills assessment, and career development was critical to the company's success in hiring and retaining workers with disabilities and in employees' success in attaining their employment goals. Interviews with Manpower management and staff suggested a corporate culture emphasizing that every individual has job skills and aptitudes, every job can be broken down into essential tasks, and every individual can attain employment if his or her skills are developed to match essential tasks.

Future research will need to address the role of individualized training and job placement strategies as fostered by TWWIIA. It will need to examine the ways in which the availability of affordable health care under TWWIIA increases a range of labor market opportunities for individuals with disabilities. These strategies are important, given the estimate that temporary employment opportunities will increase by 55% between 1994 and 2005 (Blanck, 1998).

Of course, no single research study provides definitive answers. Every study has strengths and limitations in terms of participant characteristics and available data sources. To gain a more complete picture of policy impact, researchers must combine information from studies using reviews (e.g., Tsang, Lam, Ng, & Leung, 2000) and meta-analyses to determine the influence of economic, social, and attitudinal factors on employment outcomes. Comparisons of information from national and regional studies reveal how differing definitions of disability affect our understanding of employment outcomes.

Illustrative Research on Employment Outcomes

Recently we have undertaken a research project with Polk County Health Services (PCHS, 2000), a private, nonprofit corporation responsible for implementation and evaluation of services for persons with mental illness, mental retardation, and developmental disabilities in Des Moines, Iowa. We are pilot-testing interventions to improve employment opportunities for PCHS consumers. In the Polk County project, we are using a variety of traditional and alternative measures for assessing employment outcomes, conducted in ways that promote participant involvement and autonomy, as well as scientific rigor and policy relevance.

Using demographic data on consumer applications collected by PCHS, we have developed a preliminary portrait of the approximately 900 PCHS consumers with mental retardation, mental illness, or developmental disabilities who reported employment as one of their primary life goals and are or had been receiving employment services. Preliminary analyses suggest that almost two thirds (62%) of these consumers with mental illness were unemployed. In contrast, consumers with mental retardation had substantially lower unemployment rates (15%) but tended to be underemployed in sheltered settings (30%) or in supported employment (41%).

We also found that although individuals with mental illness evidenced high rates of unemployment, their most frequent requests to PCHS were for access to adequate health care. In contrast, individuals with mental retardation were more likely to request assistance with employment and job skill development. In addition, for this sample we found limited levels of educational attainment: Fifty-eight percent of consumers with mental illness and 38% of consumers with mental retardation had received at least a high school diploma or equivalent.

We next solicited input directly from PCHS consumers. Using PCHS consumer forums, we interviewed approximately 20 consumers about their employment experiences, goals, and challenges. These focus groups revealed three primary themes about the challenges in obtaining and retaining employment. First, the goals and challenges raised by these individuals with disabilities were comparable to those raised by individuals without disabilities. For instance, one participant described her ideal job as one that would be "fun, challenging, [and offer her] respect." Another reported that her goal for a job was one that would offer "a sense of accomplishment, [and] make some money." Challenges identified include being perceived as "the newcomer" or being nervous about interviewing for a job. Several participants were interested in temporary employment or self-employment options.

Second, participants were uncertain and concerned about the effects of their employment status on receipt of public benefits, such as SSI, SSDI, Medicare, and Medicaid. One participant remarked, "I haven't worked in a while because of the income limits and how it affects my benefits." In a similar vein, the parent of a consumer shared her daughter's story:

> My daughter loves to work. Her whole self-esteem is based around her job. . . . The minute she starts to work, she loses her SSI and Medicaid. . . . She can get a job, and wants a job. . . . But then suddenly there is no insurance. She has many handicaps. . . . To have no insurance is very frightening.

Another participant described employment as a means to make "enough money to accommodate for the benefits I would lose and the child care that I would have to pay." A guardian described how his ward had to spend almost all of his daily earnings on transportation to and from his job.

A third theme articulated was fear of discrimination by employers, especially for consumers with hidden disabilities or mental illness. One individual voiced her dismay regarding the effects of current legislation: "When employers are thinking of the ADA, [they] are looking for someone in a wheelchair, missing a leg. They don't think about making accommodations for someone with a mental rather than physical problem." Another participant reflected on concerns about self-disclosure: "If you send me out on my own, do I divulge my disability or not? When employers look at my application and see that I've gone from well paying jobs to cleaning toilets they will wonder, and that frightens me. Why do they need to know all that?"

To address these concerns, we are developing research interventions to enhance consumer understanding of employment options and the relation of earned income levels to receipt of public benefits. The consumer participates in individualized planning sessions with professional benefits counselors, paid for by PCHS, to examine how the consumer's employment status might affect receipt of public benefits and income levels. Participants learn about how policy changes in work incentives may affect their opportunities for employment. Because support systems can affect consumers' decisions, case managers and family members are asked to participate with the consumers.

An initial hypothesis is that the benefits planning sessions will help diminish consumers', family members', and case managers' fears about loss of health care and help answer whether potential earnings from employment will offset loss of benefits. Berkowitz (this issue) rightly suggests that helping consumers understand the effect of changes in income and employment on their benefits may lead some to abandon efforts to enter the labor market. Yet, in these times of low unemployment and competition for workers, many consumers may be motivated to pursue competitive employment with TWWIA's improved access to health insurance and wages that could replace lost benefits. In accord, Mashaw and Reno (1996) calculated that SSDI replaces less than half of the prior annual earnings for individuals who earned an average income before their disability and suggested that work is a preferred alternative to cash benefits. By using a pre- and posttest comparison method, the Polk County research project is poised to assess what effect information about these benefits programs will have on actual consumer behavior. Specifically, we will measure the impact of these benefits planning sessions on consumers', family members', and case managers' subsequent attitudes about employment, employment goals, self-determination, and knowledge of their access to benefits.

In addition to the benefits planning sessions, another intervention strategy is to provide consumers with exposure to a range of labor market opportunities. In job forum settings, representatives from the staffing industry, Iowa's WIA One-Stop centers, self-employment services, and other employment service providers will inform participants about their job services, host tours of their facilities, and answer participants' questions and concerns. We then will track the employment progress of these participants using traditional measures of employment (e.g., hours worked and earnings), as well as collect information on their choice of, and satisfaction with, their employment. Our goals are to assess the effectiveness of these interventions in helping consumers obtain and retain employment and to examine the degree to which labor market activity leads to improvements in economic status and quality of life.

Conclusions

Empirical and policy analysis of the type highlighted in this chapter is necessary to expand and improve dialogue about the array of employment opportunities available to Americans with disabilities. The development of a cumulative body of research on the national employment policy environment is needed, as no single study or even set of studies can provide definitive answers. An additional benefit to having research assembled from a variety of disciplines is that different perspectives and assumptions embedded in the research will be brought to the fore as results are compared and attempts made to reconcile conflicting conclusions.

Over time, the present program of study will no doubt encourage researchers to undertake the task of testing predictions regarding the workforce of persons with disabilities. Quantitative and qualitative research, and economic theory—because it allows us to focus on incentives and disincentives in the labor market—will assist in making that determination (Stein, 2000). Caution is warranted, however, because the viewpoints embedded within any research model must be acknowledged.

Thus, as we have suggested, traditional economic theory would predict that an employer will structure the firm's work environment to enable workers to attain the desired level of productivity (i.e., given the costs and benefits associated with alternative orderings and available technologies and accommodations). If the majority of workers are viewed as unimpaired, the work environment can be expected to build on assumptions that workers have no limitations to their abilities to see, hear, walk, climb stairs, lift, speak, and so on (Hahn, 2000; Stein, 2000, this issue). Because of employers' incentives to maximize profits, this environment becomes the baseline—*the* appropriate manner to order work and the work environment given the perceived characteristics of the average individual in the labor market. Accommodations, whether in the form of technology or health-care benefits, come to represent deviations from an assumed efficient status quo. These deviations are necessitated only by the appearance in the candidate pool, or in the current workforce, of individuals with disabilities—individuals whose characteristics differ from those of the "model (able-bodied) worker" around whom the work environment was built.

But that is one viewpoint. The assumption that the status quo is efficient in an absolute sense is certainly open to challenge and study, even on a workforce-wide basis (Blanck, 2000). When the possibility is considered that the work and policy environment itself may unnecessarily contribute to making a functional limitation into a disability, the barriers are not unlike artificial requirements that job candidates have a certain diploma. Where aspects of the work environment contribute directly to the bottom line (i.e., are profitable), it can be argued that the fact that accommodations are made is often indicative of an organization's culture and values. It would be a short-lived firm indeed that required its employees to supply their own desks, computers, telephones, and the like so that they could each meet the employer's defined level of satisfactory performance on the job (Hahn, 2000). In the context of this illustration, an understanding of the empirical assumptions underlying qualitative and quantitative research is necessary not only to put findings into their appropriate context but also to assess whether the research models themselves are appropriate bases for public policy regarding individuals with disabilities.

Rigorously collected and relevant information must be derived from study of our nation's emerging employment policy for persons with disabilities (Blanck, 2000). To further this endeavor, my colleagues and I at Iowa's Law, Health Policy & Disability Center have organized a "Researchers' Symposium" to increase knowledge of research design and methodology involving workers with disabilities (Law, Health Policy & Disability Center, 2000). The symposium is to facilitate interdisciplinary dialogue among researchers with and without disabilities in law, sociology, economics, psychology, and education about issues such as labor force participation; assistive technology and workplace accommodations; and disability policy, culture, and diversity. We believe that the articulation of this information by persons with and without disabilities will shape the lives of the next generation of children with disabilities who have experienced integrated education and who will become part of the competitive labor force of the 21st century.

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AUTHORS' NOTES

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Reaction Papers to Blanck and Schartz

Allen Kropp

Blanck and Schartz's paper includes a brief, though very enlightening, historical description of the nature of disability programs, from the outdated medical model to the more recent recognition of the civil rights of persons with disabilities. The paper also describes, in stark terms, the bleak employment rates, education levels, earning capacities, and levels of satisfaction currently experienced by the disability population. Aside from the compelling research approaches advanced by the authors, it would serve anyone not well versed in disability issues to read through the paper's first few sections to gain a better perspective on the evolution of the ways in which society has dealt with individuals with disabilities and to understand the need to continue moving forward in infusing the civil rights model into everyday life. For as much attention as has been given to the rights of those with disabilities during this 11th anniversary of the Americans with Disabilities Act, the fact is that many existing employment programs, training sites, One-Stop centers, and other entities have done a poor job of adjusting to the needs of this population. The noted statistics bear this out. Although those portions of the paper may not have direct implications for future policy or programs, they offer a starting point—one that may motivate more people in positions of leadership to act.

Nonetheless, that portion of the paper that has the greatest potential impact is, as is evident by the title, the blueprint it offers researchers. As more scholars investigate and provide findings in the areas of inclusion, self-sufficiency, self-determination (choice), integration (a key principle), and quality-of-life experiences of persons with disabilities who are or become employed, the more likely it becomes that persons with disabilities will be treated as equal to their nondisabled peers. Governing bodies are committed to turning out numbers (numbers of jobs, numbers in competitive work environments, numbers receiving employee benefits, etc.) to justify their programs, their approaches, and, of course, their funding. To what extent will these agencies be able to focus on quality of employment for those with disabilities rather than focusing solely on quantitative output? This paper sets forth a clear step in that direction. The results of the described research, notably those from the interventions employed in Polk County, should be factored into policies advanced by legislators, program administrators, disability advocacy organizations, and the like.

Lynnae M. Ruttledge

The paper by Blanck and Schartz raises a series of excellent questions; I would like to offer two more issues for the purposes of our discussion. The first issue relates to the existing definition of disability embedded in the Social Security system. If SSI/SSDI recipients are truly to have the opportunity to achieve employment outcomes, the Social Security system needs to fundamentally change the definition of *disability*—de-linking the concept of the disabling condition from the perceived ability/inability to work. Without that change, we will continually be tweaking a system that is fundamentally flawed.

The other issue relates to a new partnership with employers. How can we better partner with employers to provide adequate insurance coverage to the employee with a disability without penalizing the remaining workers covered under the employer's insurance? Currently, few effective approaches exist to provide Medicaid wraparounds to the employer's insurance coverage or to offer stop-loss avenues. The new workforce legislation offers an opportunity to develop new solutions in partnership.

Spencer L. Mosley

Posing several "critical questions" at the outset about the American workforce of the 21st century, and following that introduction with an explanation that disability laws and policies have undergone a dramatic shift from "a model of charity and compensation to involving medical oversight and then civil rights," the authors correctly contend that despite such "initiatives, there is . . . little evidence . . . [that such] policies and laws have resulted in substantial increases in the numbers of persons with disabilities participating in the workforce." Dr. Blanck and Ms. Schartz provide a number of significant statistics to further their contention that persons with disabilities are underemployed; they note that a lower rate of completion of higher education was a major contributor to that group's inability to gain economic status within today's workforce. The various studies quoted and discussed require the reader to closely review data that could seem, to some readers, to be overly detailed.

The authors' comment that 11 years after the ADA's enactment, "there remains a lack of clarity" is, perhaps, a too broadly placed conclusion. Although the law continues to be a living document, some parts of which gain added clarity through court tests, much of what was enacted in 1990 has not been challenged. In addition, Blanck and Schartz's assertion that "qualified persons with disabilities continue to be excluded, directed to sheltered and nonintegrated jobs . . . not of their choice or interest" should have supporting references to avoid likely criticism from vendors providing sheltered employment (or something similar), and perhaps from rehabilitation counselors and practitioners. I particularly liked the authors' desire to "include individuals with disabilities in the research design, data collection, and analysis processes" related to gathering new data about inclusion and self-determination associated with employment.

Conclusions from the decade-long study by Blanck, in which the authors use a reference to a 1994 Harkin commentary, seemed neither telling nor insightful. I believe the highlight and strongest point of Dr. Blanck's and Ms. Schartz's paper was their challenge to researchers to "address the attitudes of employers, co-workers, and potential employees with disabilities toward the employment of persons with disabilities." Several years of using the nationally acclaimed Windmills training program with supervisors and managers, in both the private and the public sector, has provided substantial verification that attitudes may well be the biggest barrier to increasing and improving employment opportunities for persons with disabilities. Any research that could further our understanding of the dynamics of attitudinal barriers to employment faced by persons with disabilities is not only warranted but long overdue.

Leona H. Liberty

Implications for legislation and policy: Monies for projects are often dependent on traditional research designs that address economic and financial issues for full-time workers and rely on the medical model for understanding disability. Instead, the model should have a civil rights orientation that addresses the concepts of satisfaction and alternative types of employment (e.g., self-employment, entrepreneurship, temporary and volunteer employment). Furthermore, legislators should address the availability of affordable health insurance, or lack thereof, plus other benefits that would encourage or discourage employment.

Implications for research: Quality-of-life issues that pertain to working, and often earning minimum wages, versus receiving public benefits should be addressed. Technology that could further reduce handicapping conditions, including attitudes toward persons with disabilities, would also help foster a greater understanding of employment and disability.

Implications for service delivery: Service providers need to place consumers at the center of services through empowerment, that is, keeping the consumer active in the decision-making process. The consumer should be made aware of and provided options for service delivery and employment opportunities. Moreover, service providers must develop a relationship with employers via on-site visits, asking for their input and offering benefit-planning sessions that address incentives and other criteria for hiring individuals with disabilities. Information should also be disseminated to the public for airing questions and concerns and generating support.

Implications for program development: Educators and agencies need to address employment-focused issues, including obtaining and retaining a job, and the constructs that contribute to job success.

Implications for training and development: Technology is a key mechanism for overcoming or reducing handicapping conditions in the workplace. College curricula addressing workplace needs for individuals with disabilities should be expanded to a variety of disciplines (e.g., education, business, and human service majors).

Other issues: Programs that encourage employers to offer to individuals with special needs opportunities to work at home, flexible work schedules, and so forth could help expand work opportunities.

William E. Kiernan

This article makes a strong argument for the development of a research platform that provides information at particular points in time as well as over time. Much of the current research in employment reflects a point-in-time approach, offering a snapshot of how we are doing and what is happening in employment for persons with disabilities. Other, more longitudinal approaches are dated; they offer us a picture over a longer period, but the period does not include the current changes in the economic environment.

The challenge is developing a clear picture of what is happening for individuals with disabilities as new federal legislation and related administrative guidelines are put in place. Does the reduction in risk of losing health-care benefits have a corresponding increase in the number of persons with disabilities who are entering employment? If we can offer some clear evidence that this is the case, then legislative initiatives such as TWWIIA will be successful.

When one examines employment trends for individuals in countries where health-care systems are more encompassing, one would assume that the rates of employment for individuals with disabilities would be much greater. Unfortunately, this is not the case. Although health-care coverage is a critical element for all workers, with and without disabilities, it may be only one driver in the cap on the number of individuals with disabilities who are entering and remaining in employment.

Issues of perception and beliefs also play a role. We are quite ready to blame the employer for the lack of acceptance of workers with disabilities, but it may also be the individual himself or herself who is the issue. Early experiences that at best foster dependence and at worst reinforce incapacity can also serve to reinforce the notions "cannot do this" or "don't take the risk."

Blanck and Schartz raise the issue that there may be areas of perception and changes in quality of life that must be factored into any research efforts that attempt to document how individuals with disabilities are faring. The use of quantitative and qualitative approaches is essential. The need for longitudinal (and timely) studies is also apparent. It is not just in the working years but also in the academic years that an individual's perceptions and skills are developed; research must address this as well.

The issues that are raised by Blanck and Schartz are valid. It is now time for the government to allocate sufficient resources for a range of qualitative and quantitative studies. These studies must be able to give us point-in-time data as well as the longer view but offer it in a more timely fashion than is now available in most national longitudinal studies. Policy and practice issues must be examined in both the public and the not-for-profit sides of the equation. Finally, an active role for individuals with disabilities (participant action research) must be a critical piece of this national agenda for documenting employment for individuals with disabilities.

Rita Martin

I concur with Blanck and Schartz that continued research is vital to determining whether the varying models of service delivery are in fact achieving their desired outcomes. Further research is also needed to assist practitioners, policymakers, and other interested parties in making appropriate changes to programs and funding streams that will achieve new outcomes. Although a national employment policy would act as a catalyst for such change, a willingness and ability to enforce the new policy will be the only true measure of its success. When properly enforced, current legislation already addresses some barriers to employment for people with disabilities. The effectiveness of any legislative policy change or applied research can be determined only when it is completely implemented and enforced. We must be willing to enforce any new laws or policies. Current laws and policies promote community-based services in integrated environments, but we continue to fund segregated services where money follows programs and not people. We must figure out a better way to disseminate research and provide training to practitioners on an ongoing basis.

TWWIIA has been implemented, but Medicaid buy-in is at the states' discretion. A person-centered planning approach to service delivery offers significant potential benefits, but pressures still exist to guide individuals toward jobs that are readily available and easy to access.

Lahoma Schultz

> The strongest bond of human sympathy outside the family relation should be one uniting all working people of all nations and tongues and kindred.
>
> —Abraham Lincoln, letter to New York Workingmen's Association, March 24, 1864

I recently read that if 1 million more of the 54 million Americans with disabilities were employed, the nation would save $286 million annually in food stamp use and $1.8 billion annually in Social Security Income benefits. Yet, people with disabilities continue to be underutilized in the workforce. I believe that knowledge about and use of technology is the answer. Many people with significant disabilities have relevant market skills and could very well assist in filling the void in our labor shortage if assistive technologies and technical accommodations were utilized.

In regards to the Ticket to Work and Work Incentive Act and any future effort toward a national employment policy for persons with disabilities, I believe it is vital that there be specific policies and procedures to follow in our preparation of persons with disabilities for employment. There are policies currently in place, but they are underutilized due to oversights on the part of professionals working with the persons with disabilities, and this is usually due to the minimal amount of time professionals have to become familiar with policy. On the other hand, many professionals choose to ignore the policies, and when this happens everyone loses—the individual with a disability because he or she wasn't given the full benefit of a vital service; the employers because they remain in need; the professionals because they haven't lived up to the standards of their profession; and our economy because it is stunted in its potential growth. I believe unparalleled qualitative studies do need to be funded and the information disseminated strategically.

Small Group Recommendations Based on Blanck and Schartz

Implications and Recommendations for Enhancement of Service Delivery

Quality service delivery systems are defined by programs that incorporate the following elements:

- *Consumer-driven* systems allow the needs of the service recipient to define the scope, direction, and quality of services.
- With *informed choice*, consumers are empowered via complete knowledge and the right and responsibility to make their own decisions.
- *Qualified providers* are those who are bound by *ethical practices* and possess *demonstrated competence* in their particular service domain.
- Quality systems adhere to accepted *practice guidelines*, which define philosophy, standards of practice, and competency in both subject matter and cultural–partnership relationships.
- An *alternative dispute resolution* (ADR) process exists in all service systems where providers and consumers of service exist.
- The system *supports people* (i.e., it is a customer-centered system) in accessing and effectively using needed services.

Recommendations for Program Development

- Design systems and programs that are more *outcome* oriented than process oriented (i.e., focus on the goal as defined in client benefit terms).
- Build in mechanisms and safeguards that ensure *consumer-controlled outcomes*.
- Make a *range of legitimate consumer outcomes* available, including part-time and temporary employment.
- Design a model of *accessing timely and appropriate ongoing supports*, as requested by consumers.

Implications and Recommendations for Education and Training

- Training for persons with disabilities and family members:
  - *Transition planning* that begins in the first grade
  - Early information on the Ticket-to-Work option and clarification of the age when a person is eligible for a ticket
  - An understanding of *person-centered supports* and how they can be accessed
  - Early and ongoing information and training to enable *informed career planning*
- Training for educators and providers:
  - Must emphasize *contemporary issues* and *best practices*, such as *self-determination*, and opportunities, limitations, and options within *current labor markets* (i.e., temporary and part-time employment, entrepreneurship
  - Training and education *recipients* should address (a) inclusion of all special education, grammar, and secondary teachers and school social workers; (b) focused training for guidance counselors and transition coordinators; (c) graduate/doctoral-level rehabilitation and special education students and rehabilitation counselor educators; and (d) rehabilitation providers (including rehabilitation counselors and nurse practitioners)

Other Issues and Recommendations

- A civil rights movement needs to sustain the WIA-TWWIIA effort:
  - *Sustainability* is a key issue in maintaining the philosophical momentum
  - *Partnerships* are the core for sustaining disability civil rights gains made and

implementing the contributions the new policy initiatives (WIA and TWWIIA) can make

- An *infrastructure of funding* will perhaps be needed to sustain these partnerships. If so, the question will be, from where can these funds be obtained and/or redirected from existing sources?

Implications and Recommendations for Research

- Research on *attitudes* (employees', employers', communities', and families'), with an emphasis on seeking effective ways to counter or change attitudes
- An identification of *best practices used with employers and by employers* who have effectively integrated persons with disabilities into the workforce
- Research products that are *accessible and usable* for all populations, in easily understood language, and responsive to multilingual and multicultural audiences
- Research on *accommodation* practices, experiences, and options, including:
  - "Myth and fact" related to costs, and
  - Assistive technology
- *Improved research dissemination* to ensure availability to different audiences, ease of access, timely release, and broad-based distribution in a user-friendly format
- Research on *effective partnerships*, including an identification of *strategies that lead to change*, beginning at the federal level with the Health Care Financing Administration (HCFA) and the Social Security Administration (SSA)
- Research that is designed to be responsive and relevant to *ongoing policy development*
- Research that addresses the *components and processes of a consumer-driven policy coalition*
- Specific research questions are:
  - Does increased employment of people with significant disabilities spread health-care costs more evenly throughout public and private health care (Medicaid, Medicare, and employer-based systems)? and,
  - Are people with significant disabilities the most expensive health-care users?

Implications and Recommendations for Employment and Disability Policy

- Demographics of people not employed should resemble those employed in a just society (at any point in time, including people with disabilities).
- At what point does civil rights policy drive infrastructure design to enable the full inclusion of people with disabilities?
- There needs to be adoption of a national policy for *mandatory Medicaid buy-in*
- How do we revisit the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA) as a unit to sustain the economic self-sufficiency of people with disabilities?

Workforce Development Program Consolidation and Service Integration

Ensuring Consistent Service Quality and High Professional Standards for Persons with Disabilities

John Dorrer, *Training and Development Corporation* and *National Center on Education and the Economy*

Program consolidation and service integration have become vital public policy strategies for workforce development programs and vocational rehabilitation services. Labor market conditions in this growth economy offer unprecedented opportunities for job access and career advancement for individuals with the right skills. These public policy strategies encourage alignment of resources and services so that deeper and more sustainable investments for employment preparation can be made, particularly for persons with disabilities, who have the most difficult time entering the labor market. This paper explores some of the extraordinary challenges of aligning service philosophies, accountability systems, quality standards, and professional certifications in a more integrated workforce development system. Although program consolidation and service integration offer significant benefits, the process for making it happen will be contentious and will require time (Osborn & Plastrik, 1997). Policymakers, administrators, and service professionals in all types of workforce programs must ensure that high standards of service quality and professionalism continue for persons with disabilities and other consumers who will access the new system.

The Workforce Investment Act of 1998 mandated major workforce program consolidation and required service integration, including vocational rehabilitation (VR) services, for the purpose of creating better access and improved outcomes for consumers. Service integration and providing services as a continuum of opportunities across programs are also mandated in other recent federal legislation. The Americans with Disabilities Act (ADA), the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the new Ticket to Work and Work Incentives Improvement Act of 1999 all contain provisions calling for more effective service integration to better meet the needs of consumers.

Policies, service designs, and the instruments that foster service integration are still in the early stages of formulation. Implementation of the new workforce development agenda is uneven and incomplete at the federal, state, and local levels. Over time, however, more integrated and consolidated service delivery systems will emerge. The potential benefits of this strategy include better access for consumers, sustained participation, improved outcomes, and better cost effectiveness.

Program consolidation and service integration advanced by new workforce development programs will affect service philosophies, accountability systems, quality standards, and professional standards that have evolved independently in these programs. Organizational cultures, performance measures, quality indicators, and professional certification systems will need to be aligned to provide a coherent, effective experience for consumers. There will be formidable challenges and differences not only in integrating services themselves but also in connecting the accountability, quality, and professional systems infrastructures that support those services. These challenges require a response, and critical differences among the various participants need to be resolved in the early stages of the integration process if the full potential is to be realized.

A growing accountability and quality movement has affected both public and private consumer services. What unites this movement is the abiding belief that the consumer is at the center; therefore, quality should be measured by the satisfaction of consumer needs at desired levels (Kennedy, 1991). This pervasive emphasis on quality standards and accountability has placed greater value on the capacities, skills, and qualifications of employees and provider organizations. Rehabilitation professionals have been in the vanguard among providers of human service for advancing service quality and professional standards as a means of consumer protection. Accreditation programs and professional certification have gained wide acceptance and support in the rehabilitation community.

The Rehabilitation Accreditation Commission and American Rehabilitation Counseling Association are two examples of widely respected and relevant accrediting and professional certification organizations that have helped to guide VR practice without government involvement. Government job training programs, welfare employment programs, and Social Security disability systems are primarily evaluated by government monitors using standards of program accountability set through legislation and regulations. Eligibility, compliance, and outcomes (in relation to planned goals) have traditionally been the accountability focus of such government programs. These varied accountability systems, quality-assurance efforts, and professional certification processes will be tested in an era of increasing consolidation and service integration.

Labor Market Challenges and Opportunities

Particularly among workforce development programs, program consolidation and higher levels of service integration resulted in part from the recent tight labor market and slower labor force growth. Growth in the economy and in employment created new opportunities for people with disabilities to obtain jobs and increase earnings. The labor market of the future, however, will place an even higher premium on education and skills as the means for improving living standards and employment security. A review of the data (Levine, 1998) indicates that individuals with disabilities have significantly reduced labor force participation rates. They suffered from much higher unemployment rates even during the recent boom economy of the late 1990s. Their poverty rates are more than double those of the general population, and people with disabilities who are working earn significantly less. Even during a time of tight labor markets, when real income gains for those in the bottom 20% of the income distribution were rising, persons with disabilities were not making commensurate gains. More than 6 million claims were made in the early '90s by persons with disabilities for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), double the number in the early 1980s (Levine, 1998). These deep disadvantages are partly explained by the fact that persons with disabilities have significantly lower high school and college graduation rates than their nondisabled peers (Levine, 1998).

Low-skill occupations are giving way to jobs demanding higher skill levels, even for entry-level jobs (Holzer, 1996). The swift workplace transformations that are under way put greater pressure on workers to have more highly developed skills that are transportable across occupational titles and industries so they can remain competitive in a changing market. Workers with disabilities, who are already at greater risk in the labor market, become even more vulnerable as skill requirements escalate and employment arrangements become unstable.

Slow population growth in the United States ensures that the size of one workforce will grow slowly in the years ahead. At the same time, the retirement of the post–World War II "baby boom" generation will begin in 2011. These conditions will help to keep unemployment low and provide more opportunities for those at the margins to enter the labor market (Judy & D'Amico, 1997).

For persons with disabilities to succeed in this labor market and to improve their earnings, they will no longer be able to rely on simple interventions, one-shot programs, and narrowly focused services. Instead, they will need lifetime access to a comprehensive workforce development system that encompasses investments in people over their entire work-life cycle. Beginning with the investments made by families and society in preparing children to learn, workforce development continues in K–12 education, where the knowledge and skills foundation is developed. It continues for most of us as we enter postsecondary education and receive more specific preparation to become qualified for work and careers. Workers must engage in lifelong learning to gain new skills to stay employed or prepare for other careers. Skills are also gained through experience, and workers in good jobs receive added education and training directly in the workplace.

Persons with disabilities in particular need access to a workforce development system of highly coordinated institutions that provide progressive skill and knowledge development. They must also have access to effective employment connection services that assist workers in moving from one job to the next.

A chance to avail themselves of economic opportunities and gain dignity through work—what advocates for persons who have disabilities and/or are economically disadvantaged have always promoted—is now being made possible by shifts in market forces and demographic realities. Job training programs, public labor exchange functions, and VR service providers are facing one of the most favorable labor markets in history. Forecasts of low unemployment rates, slow labor force growth, and continuing economic expansion suggest that there will be more opportunity in the labor market to improve living standards for individuals with the requisite skills. Because job access and career advancement are more feasible than ever before, education, job skill, and employability skill levels will be of paramount importance in determining the types of jobs persons with disabilities will be able to obtain and the earnings they will be able to achieve. Effective performance and collaboration with the workforce and rehabilitation programs that serve them will ensure that services, resources, and opportunities are maximized.

Public Policy Strategies and New Program Initiatives

Federal policies and programs meant to support the employment and training needs of persons with disabilities have grown in a piecemeal and fragmented manner, which has led to poorly connected service systems and financial disincentives to work. Furthermore, 43 different definitions of disability appear in federal regulations, reflecting a lack of coordination of services (Levine, 1998). Greater emphasis is now being placed on addressing this fragmentation and bringing about more effective policy and service integration among federal initiatives.

Program consolidation and service integration are often championed in concept but resisted in practice. Differences in service philosophies, distinct organizational cultures, and variable standards of service contribute to this resistance (Ashkenas, Ulrich, Jick, & Kerr, 1995). At a political level, competition for limited resources and "turfism" are significant undercurrents that cause service integration to often fall short of the promise.

The Workforce Investment Act of 1998 is an organizing framework for workforce development program consolidation and service integration (National Center on Education and the Economy, 1997). The Americans with Disabilities Act, Personal Responsibility and Work Opportunity Reconciliation Act, and the Ticket to Work, Work Incentives Improvement Act all contain significant service integration provisions. Furthermore, the expansion of the earned income tax credit, work opportunity tax credit, lifetime learning tax credit, and a host of additional incentives have been designed to improve job access, boost earnings, and further subsidize training expenditures for disadvantaged populations in ways that complement programs and service delivery systems. These efforts are designed to stimulate the entry of workers with economic disadvantages and persons with disabilities into the labor market.

The Workforce Investment Act of 1998 created a national workforce preparation and employment system to meet the needs of all workers and employers. Title I of this Act covered traditional job training and placement services and established the new one-stop career center system. Title IV included amendments to the Rehabilitation Act. The Workforce Act is the successor legislation to the Job Training Partnership Act and continues a 40-year federal commitment to providing job training and placement services to disadvantaged populations and others in need of labor market services. Key philosophies and service principles advanced under Title I include the following:

- *Universal access.* Every individual will have access to core employment-related services, including job search assistance, labor market information about job vacancies, skills needed for occupations in demand, wages paid, and other relevant employment trends in the local, regional, and national economies.
- *Streamlining services.* Multiple services will be integrated in one-stop career centers. This program consolidation and service integration should simplify and expand access to services for job seekers and employers.
- *Empower individuals.* Individuals will be able to exercise greater control and have choices in selecting the kind of training they need and the training providers who will deliver it.
- *Increased accountability.* States, local areas, and training providers will be held accountable for their performance. Core performance measures will include job placement rates, earnings, retention in employment, skill gains, and credentials earned. Failure to meet performance goals will lead to sanctions, whereas exceeding them could result in incentive payments. Training providers are required to meet performance goals in order to remain eligible for receipt of funds.
- *Strong local and private sector boards.* These governing bodies are expected to focus on strategic planning, policy development, and system oversight. With a majority of members coming from the private sector, boards are expected to create a workforce development system responsive to labor market needs and driven by principles of business efficiency.
- *State and local flexibility.* To ensure the system's responsiveness to its consumers and local labor markets, state and local areas are given flexibility in preparing multiagency, unified plans; requesting waivers from certain regulations; and continuing the use of innovative practices not necessarily in compliance with the Workforce Act.

John Lawrence, vice president for corporate quality at Kodak, spoke about the Act and the pressing need for the workforce system to deal with skill shortages: "The Workforce Investment Act recognizes the critical and multiple roles of business, and challenges us to more effectively align public and private investment to provide employees with the skilled workers to remain competitive" (U.S. Department of Labor, Workforce Excellence Network, 2000, p. 23).

Legislation and regulations resulting from the Act have required other categorical labor market programs serving targeted populations to practice a more collaborative approach. Title IV of the Act amended the Rehabilitation Act. A revised statement of purpose includes the following:

> empowering individuals with disabilities to maximize employment, economic self-sufficiency, independence and inclusion and integration into society through statewide workforce investments

> implemented in accordance with Title I of WIA that include, as integral components, comprehensive and coordinated state-of-the-art programs of vocational rehabilitation. Section 2(b)(1)(A)

There are also significant provisions for cooperation, collaboration, and coordination in the amendments. State VR agencies are required to enter into cooperative agreements with other parts of the statewide workforce investment system. Areas of cooperation include the following:

- Provision of staff training and technical assistance to other service providers with regard to the eligibility for, and availability of, benefits under the VR programs;
- Promotion of equal, effective, and meaningful participation by individuals with disabilities in workforce investment activities through the promotion of program accessibility;
- Adoption of management and program information systems linking workforce development programs;
- Identification of staff roles and responsibilities, including the specification of financial responsibilities of each component of the statewide workforce investment system;
- Participation in, and use of, common intake and referral procedures, consumer databases, and resource information systems; and
- Establishment of cooperative efforts with employers.

The ADA not only advances the civil rights of persons with disabilities but also articulates public policy regarding equality of opportunity, full participation, independent living, and economic self-sufficiency. One of the key policy provisions that affect program quality and professional standards is the use of interdisciplinary assessments performed on a timely basis by qualified personnel and conducted across multiple environments (Silverstein, 2000b). Another element of individualization called for under ADA is the development of individualized plans that identify and describe needs, goals, objectives, services, and accountability measures. In terms of inclusion and integration provisions, the ADA calls for the provision of services in the least restrictive environment through a *continuum of program and service options*. Programs, projects, and activities should be *administered in the most integrated setting appropriate* to the needs of the individual, including providing opportunities to interact with nondisabled persons in mainstream activities. Furthermore, the goal of full participation means that persons with disabilities are to be informed and be able to make choices about services, service providers, and outcomes. They are to be involved as members of governing boards and councils that make policies relating to the program. Finally, in terms of economic self-sufficiency goals advanced under ADA, there is call for integrating the systems for providing employment-related services and supports with systems providing cash assistance, healthcare, housing, and food.

There is also a core set of administrative and accountability provisions to ensure that the civil rights statutes of the ADA are implemented and enforced under entitlement and grant programs. Under the methods of administration section, provisions are included that call for the use of monitoring and enforcement measures to maximize the likelihood that recipients and contractors will comply with applicable requirements to ensure results for persons with disabilities. This includes the use of monitoring instruments, the conduct of monitoring reviews, corrective action, sanctions, and remedies for individuals. There are also accountability provisions calling for results using standards and performance indicators that reflect the expected outcomes for recipients with disabilities, the use of sanctions for failure to meet expected outcomes, and rewards for exceeding expectations. In terms of service coordination and accountability, the ADA calls for *the establishment of mechanisms for interagency coordination and collaboration to ensure that clients gain access to multiple resources while at the same time holding a single agency accountable.* Also, *staff must meet qualification standards in order to perform assigned tasks in an effective and efficient manner.* In addition to having knowledge of civil rights statutes, *staff should be knowledgeable about promising practices so that they provide state-of-the-art services to persons with disabilities.*

The PRWORA has brought about a fundamental shift in welfare policy by requiring entry into work as a priority over income maintenance. Participation in the new welfare program is time-limited and requires preparation for, and movement into, a job after 2 years. The law specifies the outcomes that are to be achieved but gives states leeway in how to achieve them. The executive order establishing the Presidential Task Force on Employment of Persons with Disabilities directs the Departments of Justice, Labor, Education, and Health and Human Services to ensure that PWORA is carried out in accordance with Section 504 of the Rehabilitation Act. PRWORA must support the goals of the ADA to ensure that persons with disabilities and their families realize the benefits available under the new welfare program. There are also a number of provisions in the Act that call for the use of multiple systems by welfare clients. Funds provided under this Act may also be used to pay for training services offered by one-stop operators under the Workforce Act. PRWORA monies may also be used to fund VR agencies to conduct assessment and provide services to welfare recipients who do not otherwise qualify for VR services (Silverstein, 2000b). The complex nature of the needs of and employment barriers faced by persons with disabilities receiving welfare requires that they access multiple services and provider systems.

The new Work Incentives Act will offer new resources to and increase consumer demand for the workforce services delivery system. The Act mandates the use of a ticket for every specified beneficiary of SSDI and SSI who wants to participate in the program. This ticket may be used to obtain VR, employment, and other support services by choosing service providers in an employment network. The network must ensure that services under the program are provided through "appropriate" individual work plans developed and implemented in partnership with each beneficiary receiving such services (Silverstein & Jensen, 2000). Employment network service providers are paid in accordance with their outcomes payment system or the outcome-milestone payment system. The Social Security Administration will evaluate the cost-effectiveness and outcomes of the program. Furthermore, the Administration's commissioner will enter into agreements with one or more organizations in the public or private sectors to provide services as program managers. These program managers will be selected through competitive bidding from among organizations with expertise in VR and employment services. Selected program managers will be subject to performance standards that include measuring beneficiary access to services. Program managers' responsibilities include recruiting employment networks or service providers and monitoring networks to ensure adequate services selections. An employment network may consist of either a single provider of services or an association of providers. VR agencies and One-Stop career centers may be included in such networks.

Employment networks must meet and maintain *compliance with general selection criteria, including educational and professional qualifications of staff, and must demonstrate specific expertise and experience in providing relevant employment services and supports.* Programs are to be provided under an appropriate individual work plan. The Administration commissioner must also *provide periodic quality assurance and reviews of employment networks, including measuring the views of consumers and developing performance measurements.* Consumer evaluations and results of performance reviews must be provided to consumers.

For persons with disabilities who require access to a mix of workforce development services across provider systems, the need for greater coherence and alignment of service delivery processes is essential if they are to make meaningful economic progress and remain motivated to participate over the long run.

Elements Needing Alignment

If the full benefits of a more integrated workforce services delivery system are to be realized for persons with disabilities, the service philosophies, accountability systems, quality standards, and definitions of professionalism for various provider systems must be better aligned. WIA, the Rehabilitation Act, PRWORA, ADA, and WIIA all advance positions on services delivery, consumer involvement, performance, and accountability measures. ADA, WIIA, and the Rehabilitation Act go further and promote service and professional standards along with best practices as a means to hold workforce development programs and VR service providers more fully accountable. How different systems and standards of accountability and quality measurement will be applied on behalf of consumers has yet to be determined.

Workforce programs that have been categorical and independent must now embrace stewardship. Block (2000) wrote that to be a steward means accepting responsibility and accountability for the larger institution and community while at the same time surrendering the need to control others and take care of others. If alignment is not taken up in the early stages of the service integration process, this compelling strategy could fail. Joining the best of separate workforce development programs offers opportunity to synthesize important lessons, apply best practices, and enrich our commitments to consumer service, accountability, and professionalism.

Service Philosophies

Across the separate workforce development programs there exists a genuine commitment to "consumer" or client-centered programming, the inclusion of accountability provisions, and support for quality assurance systems. This emphasis on the consumer, on accountability, and on quality parallels the quality movement found in manufacturing, retail, and other governmental sectors. As workforce development programs connect, however, their distinct lineage will continue to have an effect on service philosophies and practice.

There is a growing debate that pits those who advocate a "work first" approach against others who support a more traditional career-path development strategy. There are additional differences in approach. For example, welfare programs and disability payment systems have historically focused on the determination of eligibility and ongoing monitoring of participant status to ensure compliance with a complex set of administrative and participation rules. Job training and placement programs, which are also regulations based, have primarily focused on short-term outcomes and placement results. There has been much less emphasis on formal practice standards and certification requirements for staff. VR systems have their origins in the medical model, which puts more emphasis on treatment and therapeutic interventions. A more distinct professionalism, with certification and accreditation constructs, has emerged in VR systems. To obtain workforce services, persons with disabilities have navigated across these systems and through these cultures with some frustration and conflict.

Service philosophies and cultures are complex constructs that are hard to alter in the short term. More consistent service philosophies will only emerge as performance measures, service standards, and professional protocols become better connected in the context of the integrated service model. Governance bodies have an obligation to foster the right alignment and to hold the integration process more accountable. Consumers and their advocates should demand greater consistency under service integration. Professionals, and the organizations that represent them, have responsibility for designing systems, setting standards, and providing services that will maximize the outcomes for consumers.

Accountability Systems

All of the workforce development programs serving persons with disabilities emphasize outcomes and accountability. WIA mandates performance measures focused on job placement, earnings, retention, and skill acquisition. Effective as of July 1, 1999, the standards and indicators developed by the Office of the Commissioner of the Rehabilition Services Administration for the VR program "to the maximum extent practicable . . . shall be consistent with the core indicators of performance established under section 136 (b) of the Workforce Investment Act" (Silverstein, 1999). This is an encouraging sign. The Social Security Administration (Ticket to Work/WIIA) and Health and Human Services (PRWORA) also should construct outcome and accountability measures to ensure alignment with WIA and the Rehabilitation Act. Each act also offers considerable leeway to states and local agents to negotiate core performance standards and adopt additional ones as required. Negotiation and specification of additional performance measures are among the most important opportunities that persons with disabilities and their advocates will have to influence the responsiveness of the new workforce development system. Ironically, even though service integration is at the center of WIA, there are no formal accountability measures in place to track resource inputs and outcomes resulting from integrated service strategies. The old adage "what gets measured gets done" should be considered by state and local governance boards as they formulate a more comprehensive accountability system. Performance and accountability measures that encourage longer-term investments for skill development and more comprehensive service prescriptions will benefit persons with disabilities. Conversely, reliance on placement and earnings measures alone will favor services to a more job-ready clientele.

Quality Assurance Standards

The American Society for Quality defines *quality* as the characteristics of a product or service that bear on its ability to satisfy stated or implied needs and product or service free of deficiencies. Gardner (1997) wrote that the fields of rehabilitation, education, and human services have traditionally defined quality in the context of compliance with professional norms, governmental regulations, or consensus standards. Researchers and practitioners of enhanced quality in service settings are pointing to the importance of producing valued outcomes for consumers. According to the U.S. Department of Labor (2000), "The career center initiative requires integration of services across agencies and programs, to reduce redundancy, to improve consumer access and *to improve quality* [italics added]." It goes on to state, "For one stops to succeed, they must be established as very high quality service organizations, continuously improving to exceed consumer expectation" (p. 35). No one would disagree with these statements, but who exactly should determine which quality indicators are to be considered and what standards should be set for them? Absent consequences for failing to meet standards or incentives to exceed them, what motivates an organization to embrace the quality movement or seriously be concerned with quality standards? In the private marketplace, competition serves to motivate organizations to win the support of consumers. Among VR providers, third-party payers require formal accreditation; this has helped to motivate the adoption of standards and the acceptance of accreditation.

Other than governmental monitoring for purposes of legal and regulatory compliance, there are no formal requirements for independent reviews or quality audits under WIA. Progressive states and local areas have voluntarily adopted the Baldridge quality framework for assessing the efficacy of one-stop career centers. The Workforce Excellence Network has been organized through the U.S Department of Labor as a voluntary association of states and local programs to explore the application of quality standards to workforce development programs and one-stop career centers. There are mandatory provisions for consumer evaluations of one-stop services through surveys administered in the postparticipation phase, but there is no active role for consumers in more directly shaping service plans and outcomes. Consumers themselves have no dedicated seat on any of the WIA governing boards at the state and local levels; instead, they are represented through proxies (service providers) such as public agencies, community-based organizations, and labor unions.

The *Employment and Community Services Standards Manual*, published by the Rehabilitation Accreditation Commission (1999), states the following: "The services provided by an organization are based on outcomes identified by the persons served and other stakeholders. . . . Improvement of the quality of individuals' services requires a focus on the person served" (pp. 76–77). Consumers play an important and active role in this process of determining standards and quality measures.

Service inputs and processes will have variable definitions and be subject to different standards. For example, vocational evaluation may have a very precise definition among VR professionals. This function has a set of guiding principles that form the basis of best practices, with oversight provided by a national advisory council (Interdisciplinary Council on Vocational Evaluation and Assessment). No comparable guidance exists for the services found in one-stop career centers. Staff members conducting vocational evaluations in these centers often lack formal training or professional supervision. Determining quality standards for services and practice methods could become one of the most problematic challenges under workforce program service integration. The gains made by advocates for persons with disabilities to ensure high-quality service standards and to require the active participation of consumers in shaping service plans need to be guarded in the new environment.

The ADA offers guidance by advancing goals and policy direction in regard to equality of opportunity, empowerment, independent living, and economic self-sufficiency. The ADA's Methods of Administration set uniform standards for service provisions and accountability for multiple services delivery systems. The purpose is to organize and focus the process of defining and aligning quality standards across workforce programs. Newly integrated systems will fail if more aligned and complementary standards for quality, service processes, and professional competencies are not adopted. The persistence of conflict and a lack of meaningful alignment will discourage further service integration and possibly deny persons with disabilities access to the services they need.

Professionalism

The workforce development programs are made up of a highly diversified group of professionals and service provider organizations, including intake specialists, vocational evaluators and assessment specialists, career counselors/planners, case managers, employability and life skills instructors, teachers and trainers, and job developers. Workforce programs assist consumers with their education, training, and labor market–related needs by offering services and resources in a professional setting. The rapid and relatively recent evolution of workforce programs, however, has contributed to a more informal set of expectations and requirements for those who work in these systems.

A less defined or matured professional culture of mainstream workforce programs will challenge the more professionally developed VR system. The American Rehabilitation Counseling Association has a Scope of Practice Statement identifying knowledge and skills required for the provision of effective rehabilitation counseling services to persons with physical, mental, developmental, cognitive, and emotional disabilities as embodied in the standards of the profession's credentialing organizations (Smith et al., 1994). There is a certification process for professionals engaged in vocational evaluation, career assessment, or work adjustment. The purpose of this certification process is "to provide assurance that professionals meet acceptable standards of quality." The statement of purpose for this certification body includes the following language:

> The existence of such standards is considered to be in the best interest of consumers, other practitioners, individuals in allied professions and the public. Through their participation in both the certification and certification maintenance programs, practitioners are able to bring about a higher level of performance and qualification throughout the profession. (Smith et al., 1994, pp. 41–42)

The National Association of Workforce Development Professionals endorses and administers the Workforce Development Professional Certification Program. The scope of this profession is defined as follows:

> Workforce development professionals facilitate the process by which individuals identify, prepare for and maintain employment and self-sufficiency. They may work directly with the customer or may work as support personnel for, and with, staff who do work directly with consumers. Their career professional and career goal are helping to build America's workforce. (NAWDP, 2000)

This encompassing, professional scope requires a combination of education and experience ranging from a high school diploma or GED with 6 years of on-the-job experience to a graduate degree with 12 months of job experience. Applicants are required to sign and adhere to the *Code of Professional Ethics and Practices* and maintain membership in any one of a number of workforce development–related professional associations. Applicants are required to self-attest to their degree of knowledge and skills in 12 distinct areas.

Under the ADA, the Methods of Administration are designed to ensure that the rights articulated in the civil rights statutes are realized and that services and benefits made available under grant programs are provided and implemented in accordance with best practice. There is a provision calling for the implementation of comprehensive systems for personnel development to ensure that those providing services are knowledgeable about state-of-the-art practices and satisfy minimum qualification standards. Under the Ticket to Work/WIIA, employment networks must meet and maintain compliance with general selection criteria, including educational and professional qualifications, and must demonstrate specific expertise and experience in providing relevant employment service and supports.

Professionalism and professional accountability systems will be tested in environments where genuine service integration occurs. The greatest challenges will come when the same or similar functions such as vocational evaluation, assessment, and counseling are performed by different professional groups. A commitment to "person-centered planning" or the measurement of quality through personal outcomes has shaped concepts of professionalism and definitions of professional certification for rehabilitation services (Gardner, 1997). In contrast, workforce development professionals in mainstream job training and placement programs have gained primary professional identity and found purpose in the cause of building the U.S. workforce through program affiliations or organizational memberships. Intrinsic professionalism is in the early stages and evolving slowly.

As service integration removes the traditional organizational and practice boundaries, job functions and the qualifications of those who perform them will need to be reexamined with a new lens and perhaps under modified accountability and certification frameworks. Important gains and breakthroughs have been made in shifting from program administration to consumer-focused outcomes standards. Our established systems for professional certification should jointly lead formal efforts of redefinition and advance new standards of relevant, professional accountability in the era of more integrated workforce programs.

Summary and Conclusions

There are compelling reasons for workforce program consolidation and service integration. The growth in employment opportunities has improved the prospects for persons with disabilities for job access, career advancement, and earnings increases. However, advanced skills and credentials, which are often lacking among persons with disabilities, are the key to work opportunities and resulting improvement in living standards. New workforce development strategies such the WIA, PRWORA, and the WIIA, along with the earned income tax credit, encourage work first. They also offer opportunities for skill development and educational advancement for those who have been on the margins of the growth economy. Furthermore, new program strategies will promote service integration and collaboration among multiple systems to maximize resources and support for those who have the greatest needs, including persons with disabilities.

There are formidable challenges in implementing more comprehensive systems and integrated services. The articulation and execution of service paths and sequences most responsive to consumer needs become problematic as conflicting definitions of eligibility and administrative and participation rules continue to apply. Potentially deeper conflicts could arise because service philosophies, accountability systems, quality standards, and professional certification must be standardized if consumers are to have a coherent experience and realize the full benefits of an integrated system.

Policymakers, consumers, and professionals from diverse backgrounds and with experiences rooted in different workforce and rehabilitation programs must now begin the hard work of creating a consistent, professional infrastructure that will make service integration of the highest quality for persons with disabilities and others on the outside of this economy. If we agree that it is the individual in need who is at the center of our work, our motivations to reform and integrate must be guided more by the construct of stewardship and less by that of ownership. Our commitment to high standards, however, must be unyielding.

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Reaction Papers to Dorrer

Spencer L. Mosley

Dr. Dorrer offers tremendous insights while at the same time framing challenging questions for the reader to consider while exploring the details of his paper. Clearly, the challenge that "workforce programs must ensure that high standards of service quality and professionalism continue" is a result that too many participants in the integration planning process assume will be present yet don't afford necessary focus as part of their efforts.

I agree with the writer that the merging of cultures, performance and quality indicators, and professional certification systems requires a recognition and resolution of differences "in the early stages" if full process potential is to be realized.

Dorrer's discussion surrounding labor market challenges and opportunities also hits the mark by suggesting an interesting paradoxical situation. He points out that expected slow labor market growth and an increasing reliance on workers with both education and skills will be important in the future. Persons with disabilities who can attain such educational and vocational skills (and who continue to be one of the largest groups of unemployed workers) should, one would think, be brimming with optimism in view of such circumstances. However, Mr. Dorrer correctly reports that persons with disabilities continue to have "significantly reduced labor force participation rates" and are subject to "much higher unemployment rates even during the boom economy."

The very interesting observation Mr. Dorrer makes—that for persons with disabilities to succeed and increase their earnings in this labor market "they will need a lifetime access to a comprehensive workforce development system"—may be in conflict with some workforce center partners' efforts. In my experience I have seen two different job-seeking models competing for priority at job centers. One is the "a job, any job" model, and the other could be described as working with the person with a disability to obtain "an appropriate employment outcome."

Dorrer notes that although there are many mandates and guidelines tied to the WIA legislation, there are no "formal accountability measures to track resource inputs and outcomes resulting from integrated service strategies." My experience has shown that such lack of measurements is an ongoing frustration for all partners. Added to the continuing changes in program or program direction that are placed upon local workforce development areas by state and federal mandates, this may only serve to further complicate integration efforts.

Dorrer's assertion that gains made by advocates of persons with disabilities to ensure high-quality service standards and require active participation of consumers in shaping their service plans "need to be guarded in the new environment" is very on target. His conclusion that these "systems will fail if more aligned and complementary standards for quality, service processes, and professional competencies are not adopted is similarly on point."

In conclusion, I very much enjoyed Mr. Dorrer's encompassing view of the integration process and the qualifications that need to be present to ensure quality services to persons with disabilities. His statement that we "must be guided by the construct of stewardship and less by ownership" presents, perhaps, our strongest challenge.

Kathy T. Williams

Dorrer presents an intriguing and provocative look at the nuances of professionalism among the many players in the new workforce development service delivery system. This is an excellent and most thoughtful discussion of the reluctance of vocational rehabilitation service providers and advocates for persons with disabilities to completely buy in to the one-stop service delivery system. However, Dorrer makes the case that people with disabilities do and will require lifetime access to a comprehensive system of workforce development. And, generally, persons with disabilities are beginning employment at a distinct disadvantage—with lower high school and college graduation rates and in entry-level jobs at low wages. Jobs of the future will require more education and constant training. The implications for persons with disabilities, who already have a greater than 70% unemployment rate, are staggering even in an economy with rapid growth and a concurrently tight labor market.

The discussion of the differences in professional standards could easily be a topic in and of itself. The fact that consumers are not represented on local or state workforce boards is illustrative of the organizational cultural chasms that may negatively affect the widespread implementation and success of the new workforce system. Individualized planning, confidentiality, consumer satisfaction, and concentration on successful outcomes have long been constructs of the VR system of service delivery. However, these seem to be new to many of the other partners in the new workforce delivery system. How do VR service administrators and providers embrace the new workforce delivery system that is so sorely needed and at the same time assist persons with disabilities to ensure that choice, consumer input and satisfaction, confidentiality, and quality outcomes are the norm for all persons, including persons with disabilities?

Douglas K. Langham

Since 1965, Michigan's injured workers have had a right to vocational rehabilitation. However, our experience with VR services has met with mixed results, and the lessons that we have learned about service delivery are relevant to workforce development program consolidation and service integration strategies currently being implemented.

On the positive side, many injured workers have been successfully rehabilitated as a result of timely and appropriate VR services. Employers have also benefitted from reduced loss exposure and the return of a productive employee to work. On the negative side, however, have been increasing concerns about claims adjusters, rehabilitation providers, clients, and attorneys who attempt to abuse the VR process for various reasons. Such concerns include under-qualified providers, inadequate evaluations, unrealistic job demands, high-pressure tactics, and immediate job placement with little or no concern about wage recovery. It should be noted that many of these workers' compensation recipients also receive Social Security disability benefits. A vocational rehabilitation task force was recently convened to address these and other service delivery concerns.

In consideration of the above concerns, and given the fact that under the new workforce legislation various organizations in the public and private sector will be selected by the Social Security Administration for VR and employment services, it is essential that adequate safeguards be put into place to ensure timely and appropriate VR services delivery to persons with disabilities. Such safeguards should include appropriate qualifications for VR providers and employment specialists, published service delivery standards, a dispute resolution procedure, and an effective process for evaluating program outcomes.

Byron R. MacDonald

The following are implications for legislation and policy based on Dorrer's paper:

1. What are policy issues for credentialing in the transition from a service model to a supports model?
2. What are you now credentialing and what are you credentialing during and after the paradigm shift, by whom and why?
3. What do you do about VR counselors with master's degrees who cannot fathom work incentive complexities?

The following are implications for service delivery:

1. The current program environment—a sea change from service-centered to person-centered supports. Are we considering professional credentials? And for what roles? Let's back up here, what are we doing with consumers who are in charge of their choice?
2. The pink elephant question: Are we entering the postrehabilitation environment where supports are delivered in a business environment in which the medical model is waning in influence or mortally wounded? What is happening when, for example, a person leaves sustainable employment just to get new van modifications from the VR system?
3. Byron MacDonald's Benefit Planning Environment
4. "What do *you* want?" "Who are *you*, the customer?" What profile or support triage has the abilities and skills to work with the answers to those relationship-building questions?

Implications for program development include empowerment through information, for example, tax credits, and Benefits Planning, Assistance and Outreach program staff and staff support: Should staff competency be linked to a staff web support and other ongoing technical assistance supports?

Other issues include partnerships; collaborative funding; and technical assistance, work incentives, and information supports for beneficiaries. What use here are the credentials for one component if the other elements are not sustained?

Peter David Blanck and Helen A. Schartz

Dr. Dorrer's article discusses the challenges of consolidating and integrating services under the Workforce Investment Act (WIA), including the creation of accountability standards, measuring and evaluating quality standards, and ensuring that staff members are professionally qualified.

Legislation and Policy Implications. Dorrer argues that economic changes have created increased opportunities for individuals with disabilities in the labor force. However, a cautionary note is warranted here regarding basing employment policy on labor market trends. Instead of relying on short-term opportunities, we should be asking ourselves how we can develop long-term employment opportunities for individuals with disabilities, regardless of labor market changes. This concern was discussed in our paper (this book) and raised by consumers in our Polk County Health Services Focus Groups. In contrast to Dorrer's interpretation, one could argue that this economic prosperity may be limited for working individuals when "baby boomers" start retiring in 2011.

Research Implications. As Dr. Dorrer points out, the goal of WIA is to provide better access to services (employment services) and improve outcomes for consumers (including individuals with disabilities). However, different stakeholders have different goals when it comes to accountability. Policymakers will be interested in whether the new one-stop shop system is more cost-effective. Consumers will be interested in obtaining sufficient information to make an informed choice about their employment. As Dorrer has asked, Whose outcomes will be evaluated? As we and others have suggested, however, it is important to evaluate these policies from numerous perspectives, in practical and applied ways, and within the overall goals of the legislation. WIA's amendments to the Rehabilitation Act of 1973 have made the Act's goals consistent with those of the Americans with Disabilities Act (ADA). On a global level, the implementation of WIA needs to be evaluated against those goals.

Although Dorrer discusses the challenges of integrating service philosophies, we would like to stress that the one-stop shop partners all should share the goals of WIA and the ADA. Those shared goals should become the partners' service philosophies under this policy.

As regards quality assurance, assessment is needed of both the quality of means and the quality of ends. The assessment of outcomes becomes further complicated because of the various stakeholders and the significant disagreement concerning the definition of disability. Measures need to include outcomes such as employment rates, job duration, and income. It should not be a case of the ends justifying the means. Consumer satisfaction and improvements in quality of life need to be addressed. Individuals with disabilities must be involved in the process. The idea of independent reviewers is excellent, but individuals with disabilities need to be involved in or consulted about setting up the evaluation as well as participating in it. Centers for Independent Living could play a pivotal role in this evaluation process.

Service Delivery Implications. To the end of developing long-term opportunities for individuals with disabilities, job-skill development strategies are crucial. Researchers may begin to assess programs of job-skill development for individuals with disabilities who are in high school, but the trends suggest that children with disabilities are less likely than their nondisabled peers to go beyond high school. For individuals who do not want to pursue higher education, there must be programs in place to prepare them with the skills that they will need to obtain and maintain employment. This includes training in and access to technology.

Skill development does not end with the acquisition of a job. As Dorrer argues, if individuals with disabilities are to have the same opportunities as individuals without disabilities, service providers must commit to a lifelong learning paradigm that includes continuing education and skill development for these individuals to remain competitive in the ever-changing workforce and to have opportunities for promotion.

Program Development Implications. The concept of professionalism includes quality assurance for staff members. Dorrer devotes much of his argument to the need for accreditation, certification, and credentials; in light of the ADA, this concept may be cast as a need for listings of essential job functions, means of assessing whether individuals are qualified to perform those job functions, and ongoing education and training components.

Other Issues. Even if WIA partners are able to establish an integrated system of service delivery, there are other potential barriers that need to be overcome, including the following:

- *Access to jobs.* Although WIA and the Ticket to Work and Work Incentives Improvement Act provide for access to training and rehabilitation services, individuals with disabilities may be prepared to work but may not be able to obtain employment because of discrimination. In addition to service providers, WIA's one-stop shops must integrate employers as stakeholders in this process and have the means to modify the potentially negative attitudes of employers and co-workers. One means of involving employers may be by establishing public–private partnerships. In addition, individuals with disabilities will need accessible transportation options to get to jobs and affordable and accessible housing near their place of employment. Although training is a central issue, achieving the objectives of these policy mandates means that secondary issues and additional stakeholders need to be involved in the system.
- *Access to a range of employment opportunities.* How will nontraditional employment opportunities like self-employment be represented in the one-stop shops?

- *Access to accommodations and accessibility.* Although individuals with disabilities may receive appropriate job training, what about accommodations for jobs? Which individuals are qualified to work when cost-effective accommodations are in place?

The overarching issue is improving consumer choice so that individuals with disabilities have the same opportunities as their nondisabled peers. This involves choice in type of employment, selection of service providers, type of training, promotion options, transportation, and housing.

Rita Martin

The writer highlights a number of issues that need to be addressed before effective program consolidation and service integration can occur. He goes on to say that program and service integration offers significant benefits, a statement that has yet to be proven as it relates to services for people with disabilities and, in particular, individuals with the most significant disabilities.

There continues to be a misrepresentation that the WIA calls for program and service integration for all parties. In fact, what it actually calls for is collaboration, coordination, and seamless services for Title IV, the Rehabilitation Act. Significant changes would have to occur in the generic service delivery system to ensure that attitudinal biases, myths, and assumptions about people with disabilities would not negatively affect their ability to receive quality services. The lack of knowledge concerning disability and disability-related issues among staff members, potential service providers, some employers, and the community at large remains a barrier to equal opportunity for people with disabilities. To assume that service integration will address all of these issues in a manner that will benefit the disability community is of concern to significant numbers of people with disabilities and rehabilitation professionals.

Dorrer uses as one of his reference materials Peter Block's 2000 book *Stewardship* and acknowledges that Block says to be a steward means accepting responsibility and accountability for the larger institution and community while at the same time surrendering the need to control others and take care of others. As a VR professional, I embrace the concept of stewardship and hold myself accountable to people with disabilities and the VR program that serves them within a stewardship context. It is for these very reasons that I would advocate for further research regarding the potential for success of a totally integrated system prior to any movement in that direction. In order to build a promising future, we must carefully examine the efforts of the past and acknowledge what our successes and failures have been. Further research is vital to ensure that an integrated system will serve all, will meet the needs of all, and will be significantly better than the system we currently have.

Lahoma Schultz

> I believe it will be absolutely necessary that you should prevail on our future masters to learn their letters.
>
> —from Robert Lowe's speech in the House of Commons, July 15, 1874

I appreciate what John Dorrer has written in regard to professionalism and accountability for workforce development programs and VR services. Since the early 1990s, I've heard a lot of talk about how Oklahoma is going to ensure high standards of service quality and professionalism in the VR field, yet we are now entering the 21st century and we are still lacking in our accountability systems, quality standards, and professional standards. We have an organizational culture in our VR system that operates in an unethical manner and displays little integrity in regard to professional standards. Professional and ethical standards of such organizations as the Commission of Rehabilitation Counselor Certification are generally ignored by the state of Oklahoma Department of VR administration and most staff members. In this field, professional standards and ethical codes are of vital importance and need to be adhered to in a diligent manner. States should be sanctioned if they do not have program administrators and staff members who possess the proper professional credentials for providing VR services. Attorneys are required to be licensed to work in their field; teachers and school administrators are required to be licensed in their field; even your hairdresser is required to be licensed. It would be a wise move by each of the states' governors to make assurances that no state VR agency will be allowed to be led and/or administered by individuals who do not possess the proper professional credentials. I believe that ensuring accountability, quality standards, and professional standards has to start with the director and move on down to the rehabilitation technicians (formerly known as secretaries/clerk typists); otherwise our consumers will continue to be subjected to inferior services, and the workforce may never reach its potential in quality and quantity.

Small Group Recommendations Based on Dorrer

Recommendations/Implications for Enhancing Service Delivery

Programs have historically been driven locally by federal requirements imposed by federal parent agencies, categorical funding, turf issues, and differing eligibility criteria. The new legislation fostering client-driven services will require *extensive collaboration* between and among local partners, programs, and service providers. The shift to local control and empowerment will facilitate and demand *enhanced cooperation* and lead to system improvements from the bottom up.

Recommendations for Program Development

Programs must focus on strategies to maximize community resources and address the collective needs of community service recipients; this includes an emphasis on combining and leveraging resources from traditional and nontraditional partners of community providers, institutions, and employers.

Recommendations/Implications for Education and Training

- *Cross-program* education among the components of the local service delivery network must be strengthened to achieve high levels of mutual understanding. An enhanced understanding of the various agencies' roles, areas of expertise, capacities and services, and potential resources must occur and should lead to more effective and creative approaches toward serving persons with disabilities and other service populations.
- *Professional training programs* that recognize the diverse needs of consumers must be developed for members of the service delivery network. Such programs must avoid a "one size fits all" approach and tailor the training content to fit the consumer population and the skill set needs of the particular provider. Specially trained specialists who can address the intensive needs of persons with disabilities must be maintained within the system and receive ongoing, rigorous, state-of-the-art training.

Recommendations/Implications for Needed Research

The effectiveness of the new system must be assessed over time. It is recommended that longitudinal data measuring overall system performance and the impact on consumers served be gathered. Research should be used to modify and improve programs, with a focus on client outcomes and long-term access programs, not the "train, place, and exit" models that define current programs.

Recommendations/Implications for Policy and Legislation

New program legislation must be accompanied by a new set of required *performance measures* that focus on long-term access to services. Programs must be evaluated over time, be based on results criteria to be developed, and take into consideration skill acquisition, earnings, labor market potential, and other client impact measures.

Other Issues and Recommendations

The push toward collaboration and maximization of existing resources should not overlook the significant issues persons with disabilities face in the labor force, their levels of under- and unemployment, and most critically, the profound underfunding of the programs and agencies that serve them. Resources must be significantly increased across workforce programs and resources for persons with disabilities (e.g., Individual Training Accounts) in order to improve employment and training services.

Special Issues and Trends in Integrated Employment

Factors Affecting Individuals with Developmental Disabilities or Significant Mental Illness

William E. Kiernan, *Institute for Community Inclusion*

This article examines trends and policies in employment practices and supports for persons with disabilities, reviews key findings supporting approaches to expanding employment supports, and presents some implications regarding these trends and research findings. Over the past decade and a half, significant progress has been made in expanding the approaches to supporting persons with disabilities in real work settings. In initial efforts, there was a considerable shift from the use of a preparation or pretraining approach to actual training in real work settings (Bellamy & Karan, 1979; Rusch, 1990). The movement from work readiness to placement and on-the-job supports and the use of the employment training specialist as a resource in facilitating adjustment by the person with disabilities in the workplace have been the benchmarks of supported employment (Kiernan & Stark, 1986; Wehman, Moon, Everson, Wood, & Barcus, 1988).

A recent report summarizing several national studies regarding employment of persons with developmental disabilities noted that in fiscal year 1996, a total of 98,315 persons with significant disabilities entered integrated settings, many of whom were served through a supported employment design (Butterworth, Gilmore, Kiernan, & Schalock, 1999). Criticisms of this design have been raised regarding an overreliance on the employment training specialist or job coach (Hagner & Dileo, 1993; Kiernan & Schalock, 1997; Mank, 1994). In addition, concerns have been raised about the low wages, limited range of employment opportunities, and lack of benefits realized by persons with disabilities in many of the community jobs they have held (Butterworth et al., 1999; Kiernan & Schalock, 1997; Temelini & Fesko, 1996).

More recently, there has been a growing interest in involving the individual with disabilities and other interested persons in developing job opportunities (Butterworth, Hagner, Kiernan, & Schalock, 1996; Mank, 1996). Approaches such as person-centered planning, consumer choice, and self-determination share several common goals:

1. a focus on the individual,
2. an active involvement of the individual in all stages of the employment development and placement process, and
3. a concerted effort to access personal support networks (Butterworth et al., 1996; Nisbet, 1992).

This has led to a growing recognition of the role of natural supports and the use of typical supports in work settings. The controversies regarding natural supports have evolved more from the all-or-none perspectives, that is, the use of natural supports to the exclusion of paid or job coach supports and the concern that some professionals have regarding the potential lack of follow-through that may occur in the work setting when there is sole reliance on natural supports.

Finally, in emerging research, many parallel concerns and issues faced by members of most disadvantaged or diverse groups in the workforce are being studied. Research in the area of assistance for persons from minority communities has indicated that a strong partnership among employers, employees, and community resources needs to be established if the increasingly diverse workforce is to be truly and constructively assimilated into the work setting (Kiernan, Marrone, & Butterworth, 1999). The following section reviews some of the trends in this area and provides a brief analysis of various research projects addressing the issue of expanding employment opportunities for persons with disabilities.

Trends

Values Focus

The movement toward community settings has been dominated by a strong emphasis in the academic world on the inclusion of students with disabilities in general education settings (McGregor & Vogelsberg, 1998; Steinbeck & Steinbeck, 1997). This has been closely paralleled by (a) the movement of individuals from institutions into community-living alternatives and (b) more recently, the growing emphasis upon home ownership for persons with disabilities (Braddock, Hemp, Bachelder, & Fujiura, 1995; Braddock, Hemp, Parish, & Westrich, 1998; Prouty & Lakin, 1998). Over the past 20 years, large-scale institutions have come under continuous assault from civil rights groups and researchers regarding their inability to provide adequate and humane services and supports for persons with disabilities. Alternative community-living arrangements such as group homes and cooperative apartments emerged in the past 20 years and have demonstrated the capacity of persons with disabilities to live successfully in community settings (Prouty & Lakin, 1998). More recently, there has been a growing recognition that group homes are limiting in their basic design and that cooperative apartments, shared living arrangements, and home ownership provide a much wider range of flexible options for persons with disabilities. The movement from large, segregated, and isolated residential arrangements, such as the institution, into integrated community settings and home ownership is well under way (Prouty & Lakin, 1998).

Like the community-living movement, the movement of individuals with disabilities from segregated day and employment services to real work settings reflects a significant paradigm shift highlighted by the advent of supported employment and the growing recognition that specific on-site job training strategies, job modifications, and job accommodations allow for a better match between individual skills and job requirements (Kiernan & Stark, 1986; Schalock, McGaughey, & Kiernan, 1989). The use of on-site training as provided in the form of the job coach has further helped persons with disabilities move into "regular" jobs (Inge, Wehman, & Luecking, 1998; Wehman & West, 1996). The need to move people with disabilities from segregated employment settings into integrated ones has been emphasized by supported employment efforts as well as by research demonstrating that individualized and tailored employment settings can accommodate persons with even the most severe disabilities (McGaughey, Kiernan, McNally, & Gilmore, 1993). Strong emphasis has been placed on (a) a conversion of segregated work and nonwork settings to integrated employment settings and (b) the redirection of resources to support more aggressive integrated employment options for persons with disabilities (Butterworth & Fesko, 1999a, 1999b; Johnson & Gilmore, 1996; Kiernan & Schalock, 1997; Mank, 1994; McGaughey, Kiernan, McNally, Gilmore, & Keith, 1994).

Finally, professionals are realizing that existing recreational and leisure-time activities must be made available to accommodate the interests of persons with disabilities (Kommisar, Hart, Friedlander, Tufts, & Paiewonsky, 1997; Moon, 1994). Community living, integrated employment, and leisure and recreational opportunities help persons with disabilities enjoy the full range of adult life activities that are available to their nondisabled peers. In the last decade, the realization has emerged that access to public recreation programs as well as private health clubs must be ensured. Isolated and segregated recreational opportunities have come under question as it has been acknowledged that persons with disabilities must be included in all public and private recreational resources (Kommissar et al., 1997). Demonstration programs now emerging are showing that health clubs, adult education programs, sports events, and other recreational activities can be accessed by persons with disabilities (Moon, 1994).

Key Legislative and Other Public Policy Initiatives

Community integration of persons with disabilities has been supported by a number of significant federal statutes. Most notably, the Americans with Disabilities Act (ADA) clearly states that persons with disabilities must have access to and the option for participation in all community activities; have access to public transportation; and not be restricted by architectural barriers, discrimination, or other inhibitors in sharing in full community membership.

The Rehabilitation Act Amendments of 1992 confirmed that persons with disabilities should be viewed as having the potential to benefit from vocational rehabilitation (VR) services leading to employment (Whitney-Thomas, Timmons, Thomas, Gilmore, & Fesko, 1997). With the passage of this legislation, the assumption was that individuals with disabilities are capable of holding jobs and that it is the responsibility of the agency to either place them in employment or verify that this is not an option. In addition, the Rehabilitation Act Amendments, as in the case of the Education for All Handicapped Children Act, placed a strong emphasis upon the interests and preferences of the individual and his or her role in the planning and the implementation of any rehabilitation goals or educational services. National education legislation has championed the cause of inclusion for students with disabilities in all educational settings. With the passage of the Individuals with Disabilities Education Act of 1990 (IDEA), emphasis has been placed upon preparing students with disabilities to move from school into adult life, which has served as a common theme for rehabilitation, education, and developmental disabilities legislation.

The Developmental Disabilities Assistance and Bill of Rights Act of 1975 (Public Law 94-103) established the civil rights base for persons with disabilities. Along with the ADA, this legislation clearly documents that persons with disabilities have rights and that these rights must guarantee equal access and opportunity (Silverstein, 2000a). Like IDEA and the Rehabilitation Act, the developmental disabilities legislation emphasizes the transition from school to adult life. Like other federal legislation, it recognizes the need to focus on the individual rather than on a diagnostic group or label.

The School to Work Opportunities Act of 1994 (Public Law 103-239), although not focused specifically on students with disabilities, clearly indicates that all students—with or without disabilities—should have the opportunity to develop skills that would lead to employment. Both IDEA and the School to Work Opportunities Act put a priority on the transition area and planning for the future as a critical education component. IDEA calls for transition planning to begin at age 16 (and preferably at age 14). As a result of this legislation, interest has grown in more generic programs and services that would serve *all* students.

In the past year, the federal government has focused on streamlining the range of employment programs. With the passage of the Workforce Investment Act of 1998 (WIA) and the establishment of the One-Stop Career System, a less complex and more customer-focused employment and training system has become the ideal. WIA provides states with an opportunity to develop a consolidated workforce investment plan that will respond to the needs of job seekers as well as employers. WIA is designed to create a single-access system that eliminates any possibility of a "wrong door" strategy so that any individual who is interested in seeking employment can be served. The level of services will vary, depending on the needs of the individual and the capacity of the job seeker to self-direct his or her job search efforts. As a strategy for integrating all federal-level employment and training efforts, the reauthorization of the Rehabilitation Act was included as Title IV of the WIA (Silverstein, 2000a).

WIA is a clear statement by the U.S. Congress of the intent to simplify federal-level employment and training activities. The major focus of WIA is the establishment of a state workforce development plan. Depending upon the interest of the governor and other state authorities, each state may choose to submit its own comprehensive employment plan that will include services for all job seekers, with or without disabilities. The actual plan implementation will be accomplished at the local level through a One-Stop Career Center system.

The Ticket to Work and Work Incentives Improvement Act (P.L. 106-170) is a significant effort to reduce or eliminate a key employment barrier by providing options for states for supporting persons with disabilities through extended health-care coverage, should they return to work (Silverstein, 2000b). The Ticket to Work portion of this legislation gives the Social Security Administration (SSA) beneficiary a ticket that will redirect a percentage of the cash savings once the individual is no longer receiving cash payments from SSA and is employed for 9 months. This ticket can be used for up to 5 years as a voucher of sorts by the individual securing the supports needed to remain working, provided that he or she remains employed and off SSA cash benefits (Silverstein, 2000c). Key aspects of this initiative are the placing of resources in the hands of the individual and allowing these resources to be used over an extended period of time.

Although it is not a legislative initiative, the 1999 *Olmstead v L. C.* decision by the U.S. Supreme Court broadened the interpretation of Title II of the ADA and its implementing regulation, which obliges states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individual with disabilities" (28 CFR 35.130 (d)). Although initially directed at the provision of community living services, this ruling also calls into question the use of nonwork or sheltered work settings when integrated employment options could be accessed. In *Olmstead*, the Court affirmed the right of individuals with disabilities to receive public benefits and services in the most integrated setting appropriate to their needs. *Olmstead* also affords individuals with disabilities and their families (when appropriate) with the opportunity to make informed choices regarding how their needs can best be met in community settings (Westmoreland, 2000).

The federal statutes just discussed serve to reinforce the need to focus upon individual preferences; involve individuals at all stages in the planning and implementation of education and rehabilitation programs; ensure that persons with disabilities have equal access and opportunity in work, community living, and recreation; and emphasize integration of the various resources such that persons with disabilities are served by a generic system.

Shift in Perspectives

The emphasis upon inclusion has led to a number of philosophical changes within the service delivery system. More recently, there has been a strong interest in shifting the focus of programs from service to supports in recognition that individuals with disabilities can be active members in defining, selecting, and supervising their supports. Interest has moved away from service prototypes—as in the case of national educational programs—to person-centered planning strategies that highlight individual interests, preferences, and desires (Butterworth et al., 1993). In parallel with this change, a realization has occurred that resources, particularly as they relate to community living, integrated employment, and recreation, need to be combined. The use of separate and isolated strategies for supporting individuals with disabilities has led to a fragmented approach and an inconsistent response to these persons' needs and preferences (Kiernan & Schalock, 1997).

Along with these changes in funding strategies, more emphasis is being placed on developing flexible funding strategies such as the use of vouchers, direct payments to individuals, or other individually directed reimbursement strategies rather than supporting slots or service types, as in the case of day habilitation or sheltered employment programs. Finally, the field is moving away from providing supports and services only through paid personnel toward using naturally occurring community resources in conjunction with paid supports. One of the most visible of these changes has been an emphasis on using natural supports in work settings rather than relying solely on a job coach (Butterworth et al., 1996; Gilmore & Butterworth, 1996).

The movement toward creation of an inclusive community is supported by several different federal statutes and has led in this country to a shift in program emphasis from service provision to supports. These shifts have been paralleled by similar changes in other countries. For example, in July 1996, the 10th World Congress adopted a platform supporting the principles of equality, community-based services, individualized planning, and transfer of money from segregated to integrated community settings, and having an emphasis on the role of the individual in directing and controlling supports.

Current Employment Findings

A number of studies have examined employment outcomes for persons with disabilities. The following section will discuss the results of several of these studies.

National Outcomes in Employment

For the past 12 years, the Institute for Community Inclusion has been documenting day and employment activities among state agencies dealing with mental retardation (MR) and developmental disabilities (DD). Over this time, there has been a shift in emphasis from segregated employment to integrated employment. In 1988, 13% (32,471) of the total population served by state MR/DD agencies was individuals in integrated (competitive or supported employment) settings. By 1996, it was 23% (98,315 persons). Although the growth rate was greater than 200% (average annual growth rate of 15%), over the same time period there has also been a continuing growth in the use of segregated settings (facility-based and nonwork settings)—from 242,102 individuals in 1988 to 320,359 in 1996 (approximately 33% total growth rate, or 3.5% annually).

Preliminary data from the fiscal year 1999 survey indicate that 33% of all persons with MR/DD being served in the state MR/DD system are in sheltered employment. These initial data could be interpreted as showing a growing reliance on sheltered employment by state agencies. Across the entire country, the state MR/DD agencies have seen a 4.3% growth in the total number of persons with disabilities served in day and employment programs (Butterworth et al., 1999). These findings indicate that although considerable growth has occurred in the area of integrated employment, little of this growth has led to a reduction in the number of persons served or entering segregated employment.

In another study, Johnson and Gilmore (1996) noted that although the use of integrated employment has increased, allocation of moneys to support it has grown at a much more modest rate. On average, 12% of total state MR/DD budgets for day and employment services was used to support integrated employment in 1988. In 1993, this had grown to 17%. The growth in the use of integrated employment, while commendable, has not been followed by a redirection in any substantial way of moneys from segregated employment service programs. With changes in the Medicaid Waiver program in 1998 that allowed for the use of supported employment as a reimbursable service, it was assumed that there would be an increase in the number of persons using state Waiver plans to access supported employment. However, the impact of this federal change has yet to be seen at the state level (Braddock et al., 1998).

From 1988 to 1996, the number of individuals on the waiting list for services and supports has grown substantially. Only 22 states were able to report waiting list data in 1988, whereas in 1996, 38 states reported a total of 43,513 persons waiting for day and employment services. In 1996, the number of persons waiting for services represented approximately 20% of the total caseload receiving services from those 38 states (Butterworth et al., 1999). Overall, the waiting list has grown approximately 6% per year. At this time, assuming that no new individuals would enter the state systems, it would take almost 5 years for these agencies to provide services to everyone on the 1996 waiting list (Butterworth et al., 1999). (The reader should note that these statistics are averages for the country as a whole and are offered only for illustrative purposes.) Considerable variabilty among states exists regarding waiting list numbers as well as the average waiting time for services in state MR/DD systems.

An examination of the Rehabilitation Services Administration data tapes (RSA 911 tapes) for 1988 to 1998 has revealed similar findings concerning the work status of persons with MR and/or DD. Closures to competitive employment rose from 74% to 83% of all case closures for individuals with DD (Status 26). The number of persons with MR closed by VR agencies remained about the same (approximately 9.7% of the total VR closures per year). For 1998, a total of 24,036 individuals with MR were closed to competitive employment, whereas 3,813 were closed to sheltered employment. In 1985, 80% of persons with mild MR were closed to competitive employment; in 1998 it was 90%. A much more dramatic increase in competitive employment outcomes—from 32% to 62%—was seen for individuals with severe/profound MR (Butterworth et al., 1999; Butterworth, Gilmore, Kiernan, & Schalock, 2000; Butterworth, Gilmore, Schalock, & Kiernan, 1995; Gilmore & Butterworth, 1996).

Butterworth et al. (2000) also studied RSA closure data concerning individuals with mental health disabilities served by the public VR system over the same 13-year period. They found that in 1985, individuals with mental health disabilities represented 21.0% of total closures. This number increased only slightly (to 21.4%) in 1998. In 1985, 86% (32,781) of individuals with mental health disabilities were closed into competitive employment, with 6.4% (2,448) closed to sheltered employment. In 1998, 93% (38,614) were closed to competitive employment, with 1,662 (4.0%) closed to sheltered employment.

In a comparative study over a 5-year period of the outcomes of 94 community-based rehabilitation programs in 20 states, Gilmore and Butterworth (1996) reported that more of these programs are offering supported employment services. They also noted that an increased proportion of persons served were in supported employment. In terms of actual numbers of persons served, however, the number of persons entering segregated settings still exceeded the absolute number of persons entering integrated employment. In a recent survey of community rehabilitation programs, West, Revell, and Wehman (1998) found that only 37% of those organizations that offered facility-based and supported employment services reported downsizing their segregated programs.

Supported employment wages were studied by Wehman and West (1996), who documented a significant increase in the earnings power of individuals in supported employment as compared to sheltered employment. According to RSA 911 data for fiscal year 1991, average earnings in sheltered employment were about one fifth the hourly wage reported for those in competitive employment (84¢ per hour compared to $4.13 per hour). In a more recent review of 1998 RSA 911 data, individuals entering competitive employment earned a mean of $272 per week at the time of case closure—more than 4 times as much as individuals closed into sheltered employment. At $64 per week, individuals in sheltered employment earned an average of $2.46 per hour worked and worked an average of 26 hours per week (compared to 32 hours per week for those in competitive employment) (Butterworth et al., 2000).

The wage gap abetween competitive and sheltered employment remained even when taking into account disability level, although the earnings level decreased as MR severity increased. For individuals with mild MR working in competitive employment, earnings were $169 per week; for those with severe MR, earnings were $110 per week. Individuals with mild MR working in sheltered employment had earnings of $63 per week, whereas individuals with severe MR working in sheltered employment had earnings of $37 per week. Thus, although the earnings level decreased as the level of MR increased, earnings in competitive employment remained consistently 250% to 300% higher than in sheltered employment (Butterworth et al., 2000).

Although a substantial difference exists between the earnings of individuals in segregated employment settings as compared to those in integrated employment, little growth has occurred in the overall earnings in either setting over time. In 1995, the average weekly wage for individuals in integrated employment was $148, which was not substantially different from the average weekly wage reported in 1985 ($143). When adjusting for inflation, real wages for individuals in integrated employment declined from the 1985 average of $143 to the inflation-adjusted average of $87 in 1995 (Butterworth et al., 1999).

The issue of real wages is important, but some other gains to integrated employment should be noted as well. Wehman and West (1996) indicated that individuals closed to integrated employment were less dependent on public systems than were individuals in sheltered employment. The latter relied more heavily on Social Security supports (SSI of 56.6% and SSDI of 27.5% compared to SSI of 11% and SSDI of 13.7%). However, some caution must be exercised in interpreting the level of economic independence realized by persons with significant disabilities through integrated employment. Overall earnings, while significantly greater than those realized through sheltered work, still leave the individual below the established poverty level. This should raise some concerns about the nature and quality of these integrated employment jobs (Kiernan & Schalock, 1997).

Job Search Strategies

In a survey of 369 rehabilitation staff members and community rehabilitation provider agencies in 20 states, Temelini and Fesko (1996) noted that nearly 8 out of 10 staff members involved in job search practices had at most a bachelor's degree, and 51% had been using job search strategies for less than 3 years. The average job search took approximately 5 weeks (range = 1–104 weeks), with an average per individual of 18 hours total actual job search time (range = 1–350 hours).

The most frequently used job search practices included repeated employer contacts, matches to consumer interest, informal job discussions with individuals, and the use of counseling services. Less frequently employed practices included public relations events, use of business advisory councils, job fairs, and the placement of consumers on agency payrolls. More notably, Temelini and Fesko (1996) found that although most consumers were reported to be actively involved in job search practices, fewer than one in four families were involved.

Temelini and Fesko (1996) asked the study participants to (a) identify a consumer whom they had placed in the last year and who had been employed for a minimum of 60 days and (b) provide data on their search practices. Wages were reported as being on average about $5 per hour (range = $1.65–$21.25). The average number of hours worked per week was 25. These findings, reconfirmed by the research of Butterworth and his colleagues (1999), suggest that earnings in integrated employment settings are considerably below the national average for individuals who do not have a disability. In many cases where wages were below the poverty level, individuals with disabilities were reluctant to place their Social Security and health benefits at risk. Although the extent of benefits provided to the individuals in integrated employment is not clear, it could be assumed that because the vast majority of these individuals work half time or less, most of them are not eligible for any type of health or other benefits from their employers. Adequate wages and benefits for persons with disabilities continue to be problematic.

Temelini and Fesko (1996) also examined job search patterns in general. Five overall patterns or approaches were noted, with the most effective being networking strategies. Within networking, some of the approaches included use of personal networks and consumer social networks, use of counseling supports, and maintenance of ongoing relationships with employers. The authors found that the use of a networking strategy was positively associated with higher wages, more hours worked per week, and a shorter length of time in the job search process.

Natural Supports

Provision of services has moved from an external to an internal to a supports design. In addition, less reliance is being placed on paid supports and more on supports naturally present in the work setting. Considerable controversy has emerged over the last 5 years regarding the role of natural supports.

Although the use of natural supports is somewhat recent, they have been a point of discussion since 1988, when Nisbet (1992) defined natural supports as those supports that are internal to the workplace. Callahan (1992) expanded the concept to include those supports typically available to the worker. In 1993 and 1994, the definition was again expanded to include the provision of supports related to community settings. This definition included information, resources, and relationships as well as the provision of on-site training (Kiernan, Schalock, Butterworth, & Hagner, 1993). More recently, Butterworth et al. (1996) defined natural supports to include people, procedures, or equipment typically available and culturally appropriate, by which they meant those supports provided in the work setting that are consistent with the culture of that setting and can assist the individual not only in the workplace but beyond.

Butterworth et al. (1996) identified three critical elements of natural supports: resources—which can take a variety of shapes and structures—process, and culture. They defined the process as (a) *spontaneous*—occurring naturally within the setting, (b) *facilitated*—a suggestion may be made by an external resource such as a job coach but is implemented by the worker, or (c) *imported*—the employment training specialist or job coach provides the direct services. Within the culture, Butterworth et al. (1996) defined those settings as (a) *typical*, that is, what would normally be expected within the work setting; (b) *modified*, where there are some changes that might exist within the work setting, as in the case of provision of visual cues for individuals who have difficulty in sequencing tasks; and (c) *anomalous*, where the support provided is entirely different from anything that would occur in the work setting, as in the case of a hand-over-hand training program using a job coach or employment training specialist.

Some studies have been done on the effectiveness of natural supports. In a study of persons with disabilities who were receiving natural supports, Mank (1996) found that when more typical employment supports were used, higher wages and more integration were realized. The use of customary job acquisition processes and training yielded more integration and higher wages, and the involvement of co-workers also led to higher wages and greater integration. Mank's study showed that length of employment is not necessarily a predictor of wages or level of inclusion. Individuals who are better integrated have higher hourly wages. Persons with mild MR have higher wages than persons with severe MR. When level of MR was controlled, wages and integration level were higher for natural supports than for typical resources.

Mank (1996) offered a number of suggestions, including being careful about what is presented to a potential employer in the initial job negotiations. For example, offering employment training services or nontraditional services may only serve to increase workplace segregation and reduce wages for persons with disabilities. Mank also advocated for early involvement of co-workers in all elements of the placement and support process. Finally, he warned that special approaches may decrease job opportunities for persons with disabilities.

In a survey of supported employment providers, Kregel and Wehman (1996) noted that many of these providers used natural supports; however, approximately 4 out of 10 indicated that there was resistance from employers to the concept and that it was difficult to locate natural supports in the work setting. These findings may serve to reinforce the need to train agency staff members to be more effective at identifying natural supports and orchestrating those supports within the work setting.

Program Conversion

Considerable discussion has centered on the need to convert segregated day and employment programs to integrated employment services. A number of studies have reported the interest of community rehabilitation providers in addressing the issue of program conversion (Butterworth & Fesko, 1999a, 1999b; Kregel & Wehman, 1996; McGaughey et al., 1994).

Kregel and Wehman (1996) surveyed 385 supported employment providers and reported that the vast majority—almost 99%—had converted resources from segregated settings to integrated ones. The magnitude of the conversion varied: Some had converted a major portion of their services while others had maintained current segregated settings but added supported employment services. Three quarters of the providers surveyed indicated an interest in reducing their reliance on segregated services. A number of problems in program conversion were mentioned—most notably, reluctance on the part of consumers and families to move from sheltered employment to integrated employment. Also, one fourth of the providers listed staff member resistance and limited program funds as impediments to the conversion process. Overall, 40% of the providers felt that their downsizing efforts had not met their expectations. Although support from boards, consumers, and funding agencies was noted as being essential for success, it was felt that little was received.

A survey of 643 community rehabilitation providers in 20 states by McGaughey et al. (1994) reported interest in program conversion. Although there was considerable interest in expanding the use of integrated employment in the coming years (50% planned to increase the number of persons in competitive employment and 70% to increase the number in supported employment), between 1986 and 1991, only 2% had closed a segregated program. It was also reported that in the next 5 years, few programs planned to start facility-based programs, 20% planned to maintain segregated day and employment services at their current levels, and 29% hoped to expand this service.

A complicating factor in program conversion is the rather substantial investment in building ownership found in this study. More than half (56%) of the providers noted that they owned the building in which they offered segregated day and employment services. While Kregel and Wehman (1996) found a strong interest in conversion and an equally strong dissatisfaction among survey respondents to the progress of this conversion effort, McGaughey et al. (1994) found that the actual conversion process was extremely slow and was complicated by a number of factors, including ownership of physical properties.

Butterworth and Fesko (1999a) conducted a more in-depth analysis of six programs that had converted from segregated to integrated employment and four that were in the process of redirecting resources toward integrated employment. Strong leadership at the director level was found to be a critical factor in successfully closing a facility. Although effective, approaches that established a specific closing date generated greater stress and what appeared at the time to be organizational chaos. For those programs that used an individually driven change strategy, the process length of time was significant and the potential for losing sight of long-term goals was much greater.

In general, for those programs that closed a facility, the catalysts for change were many. One essential component was a clear values base. Other factors included the arrival of a new leader, a fiscal crisis, or pressure from family members and consumers due to dissatisfaction with current services. For those programs that closed a facility, the influence of the funding or state agency was less significant than were internal factors. More notably, a sense of shared values across all the stakeholders and a clear focus on the development of community resources were essential. Finally, a willingness to take risks and to tolerate uncertainty led to effective program conversion (Butterworth & Fesko, 1999b).

For programs in the process of redirecting resources and not engaged in closing a facility, slightly different factors influenced the process. Generally, these programs focused less on employment as the desired goal. At times, these programs got lost in their change process because the goal and focus of the process was not clear. In these cases, influence by external factors was greater. These programs were also less likely to take risks; as a result, the process of change was slower.

If increasing the level of integrated employment for persons with disabilities is to be successful, greater attention must be paid to redirecting resources from current day and employment models of service provision to ones that support the development of integrated employment opportunities. State MR and mental health systems must look for ways to stimulate change within the provider system through development of policies and practices that reward innovation and offer new ways of supporting persons with disabilities in real jobs. Linking job development and job placement efforts to the activities of the workforce investment system is essential. Expanding integrated employment for persons with disabilities cannot be based solely on the infusion of new financial resources but must also take into consideration the redirection of current resources. System-wide change is invigorating and unnerving, but the next decade will see a movement toward thinking *and* behaving "outside the box."

General Implications

Clearly, the trends and legislative platforms are available for expanding integrated employment. The findings from recent studies have shown, however, that the movement from segregated employment to integrated employment has been slow and somewhat precarious. The number of persons entering segregated settings still exceeds the number entering integrated employment annually. Redirection of resources has been modest, with the state MR/DD agencies reporting a limited growth in the total dollars expended on integrated employment for a 10-year period.

It is distressing that persons with disabilities are continuing to be referred in larger numbers to segregated settings than to integrated ones. Although many agencies have expressed a strong interest in converting to integrated employment, actual outcomes reported by these programs indicate a continued reliance upon segregated settings.

Leadership within the community rehabilitation agency by the director and key staff members is critical to successful program conversion from segregated to integrated settings. The support of other key stakeholders such as board members, family members, and consumers is also essential.

Clearly, networking is a critical element of job search strategies. Consumers must have an opportunity to develop and build networks. This activity should start not at the point of a job search but as an outgrowth of the inclusion efforts in elementary and secondary educational settings. Job search strategies should also include maintaining ongoing relationships with employers.

The need for flexible funding continues to be a central issue in the expansion of integrated employment for persons with disabilities. The role of the individual with a disability is not that of recipient but rather planner and director of services and supports. If self-determination and personal control of resources are to be viable, substantial modifications in funding patterns and the provision of monies to supported individuals must be accomplished. The Ticket to Work initiative has the potential of ensuring that resources are more directly managed by the individual user, although the regulations for this new SSA initiative are not out yet. Direction by the consumer cannot be a reality if the resources that are used to purchase services are not within the portfolio of materials available to him or her.

Finally, with the passage of the Workforce Investment Act, more pressure is being put on increasing the role of the generic employment system in serving individuals with disabilities. The logic of two separate employment and training systems is only apparent because of the past history of the generic systems in terms of serving individuals with disabilities. This legislative mandate now raises the stakes and calls into question the concept of separate and special. It does not eliminate the need for individualized services and supports for some job seekers but does raise the question as to why these services are not available at one site, the One-Stop Career Center. Concerns about individuals with significant disabilities being the last to be served or "getting lost" in the system are based upon some very real experiences; however, a resistance to "trying another way" will only perpetuate the concept of separate and special. Increasing the capacity of the more generic employment and training system may open new doors—or at least more of the doors of employers—and thus provide greater opportunity for employment in real jobs for real pay.

This article has reviewed a number of the principles and values expressed in several statutes highlighting the needs for inclusion of persons with disabilities in all elements of community life. Studies have shown that although progress has been made in the area of employment, some of the approaches and strategies that are used still continue to reinforce a reliance on segregated settings. The need for a more creative and innovative approach to expanding integrated employment calls for initiatives at federal, state, and local levels that challenge the status quo and require that the person in charge be the individual with the disability. Ultimately, moving persons with disabilities into community settings will be realized when resource control is shifted to them rather than maintained by an external source.

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Reaction Papers to Kiernan

Rita Martin

Kiernan highlights a number of activities that have increased the level of community integration and employment for persons with mental retardation and developmental disabilities. Despite these efforts, large numbers of individuals are still being served in congregate settings. Further research needs to examine why this trend continues and what definitive measures would be required of state and federal policymakers and lawmakers to ensure that the placement of individuals in segregated environments continues to decrease. True system change will occur only when definable measures are taken to reduce segregated environments. For example, a state could mandate that a percentage of its funding to agencies would have to be used for community-based services. This percentage could be increased over time and the increase could be withheld from agencies that did not comply. A gradual shift in funding could be accomplished by having money follow people rather than programs. Some states are already doing this; others are moving in this direction. The best efforts at crafting laws and policies that promote integrated and inclusive environments usually leave some room for interpretation, which eventually becomes a barrier to achieving the desired outcomes. Closing these legal loopholes will be essential in redirecting funding toward integrated environments. Until then, progress in this direction will more than likely remain constant but slow.

Kathy T. Williams

This was a fascinating article, and my comments follow, in no particular order:

- Programs follow funds, and as long as public funds are expended on segregated programming, growth in those programs will continue.
- Does the increase in the number of individuals in sheltered programming necessarily mean that little or no progress has been made? Could the numbers of individuals in both integrated and segregated employment be increasing because persons who heretofore were home are now venturing into the community, albeit in greater numbers in programs that are segregated? For instance, how many individuals of that number came from institutions?
- Fund program conversions similar to the way that some states fund improved schools—provide big rewards. Begin decreasing funds to segregated employment, or at the very least, allow no funds to follow a new person into a segregated environment. Kiernan makes the point, however, that community supports, including housing, recreation, and social opportunities, must be in place. Perhaps we have been working in the wrong order. Should employment be the last piece, rather than the first?
- Does the tenure of the director of facilities have any correlation to the resistance to change?
- Was Section 504 of the Rehabilitation Act of 1973 the first federal civil rights statute for persons with disabilities?
- Kiernan cites that average wages for individuals in integrated employment were $143 per week in 1985 and $148 per week in 1995. After adjustment for inflation, he states that the average weekly wages in integrated employment in 1995 fell to $87. Please show the rest of the picture. How many more working individuals made up this average? What were the differences in the amount of hours worked per week? Perhaps greater numbers of individuals working in integrated employment will bring averages down short term. Is that a bad thing?
- Should the federal government dictate a decreasing or diminished percentage of MR/DD monies allowable for expenditure on segregated employment or day programming?
- Options are essential before choice can occur. In how many communities/counties/cities is there an option to integrated programming. Must integrated and segregated employment exist side by side for the choice to be the one preferred?

Spencer L. Mosley

Kiernan provides a well-balanced review of thought related to the programmatic, social, vocational, and individual aspects of trends affecting employment of persons with developmental disabilities or significant mental illness.

The view that various federal mandates provide a baseplate that "clearly indicated the need for all students, with and without disabilities, to have the opportunity to develop skills leading to employment" embraces a concept of educating all youth for the future workforce. Such a statement serves to coalesce people and presents an idea that addresses an unemployment rate of nearly 70% for persons with disabilities.

References to the 1999 *Olmstead* decision in which the U.S. Supreme Court "reaffirmed the right of individuals with disabilities to receive . . . services in the most integrated setting appropriate to their needs" and further afford "individuals with disabilities . . . with the opportunity to make informed choices" do serve to focus us upon individual preference rights. However, the manner and extent to which persons with more severe developmental disabilities and/or significant mental illness make such choices should be carefully scrutinized, and vigilance should be maintained to ensure that quality services are available through competent resources. As traditionally delivered services and service providers—including the state/federal VR program—transition into new ways of working, strict oversight and academic study of these new services must be done to ensure consumer protection and satisfaction. Kiernan reminds us that in the past, "separate and isolated strategies for supporting individuals with disabilities has led to a fragmented approach and an inconsistent response to their needs and preferences."

The author notes that the public VR system has shown a "considerable increase" in placing persons into competitive employment and a "reduction in the use of sheltered employment" for outcomes. Current local fiscal strains related to lack of funding for long-term support by counties has some locales thinking of cost-saving ways in which to serve the severely disabled populations. Many of these individuals have developmental disabilities and/or mental illness. Newly conceptualized worksites allowing for supervision and job coaching or natural support of several persons has been suggested as a means of dealing with fiscal problems. Questions to be debated and answered center on how such employment situations differ from those of the not-too-distant past.

Kiernan refers to Mank (1996), who "advocated for early involvement of co-workers in all elements of the . . . process." Of concern might be how the employer protects the rights of the employee (person with a disability) as mandated by ADA. In addition, ADA says that although in some cases the employer may have an inherent "need" to know of the person's disability, only the person with the disability has the "right" to share such information. Experience has taught that a good deal of employer education is needed when individual consumer rights (accompanied by vouchers) aren't accompanied by qualified rehabilitation personnel. Perhaps "thinking and behaving outside the box" will help.

Douglas K. Langham

Kiernan offers a strong rationale for expanding integrated employment for persons with significant disabilities rather than continuing to rely upon segregated employment settings. This is an issue that generates lively debate in the rehabilitation community.

Advocates for sheltered employment stress that individuals with significant disabilities often need ongoing support services, which are available in a sheltered work setting. They note that following placement in a community setting, individuals often lose the job coach after a period of time, and without adequate continuing support, the individual ends up losing the job. They express concern that the Rehabilitation Services Administration is possibly considering what will count as a successful case closure and suggest that through its policies and funding, it is pushing some kinds of choices but not others. Such advocates note that many consumers and families prefer sheltered employment settings, and they stress that an externally selected performance outcome is still not a person with a disability making an informed choice. It is a question of legislated performance outcome measures versus consumer informed choice. Actions and legislation are not matching here.

Advocates for integrated placement stress that it is the only appropriate solution for persons with significant disabilities. They note that almost any person with a severe disability can be successfully placed into an integrated community setting, given effective job search efforts, a qualified job coach, and appropriate supports. They stress that integrated placement leads to higher job satisfaction, better wages, greater self-sufficiency, and full participation in society.

It would seem that community-based employment in the least restrictive setting is the most attractive long-term solution; however, there is no one correct solution. For certain clients, sheltered settings offer the most realistic employment option at present, given the need for ongoing supports, subsidized wages, and other special needs. A governmental regulation that rejects sheltered employment as a funded closure category could prove harmful both to rehabilitation facilities and to clients served. Kiernan suggests a more temperate approach, stating that "greater attention must be paid to redirecting resources from current day and employment models of service provision to ones that support the development of integrated employment opportunities."

Lahoma Schultz

> In fact, a fundamental interdependence exists between the personal right to liberty and the personal right to property.
>
> —Potter Stewart, majority opinion in *Lynch v. Household Finance Corp.*, March 23, 1972

Kiernan briefly mentions housing issues for people with disabilities, which I believe should be at the forefront. In my state, the Oklahoma Developmental Disabilities Council is currently working on the development and implementation of a program called A Home of Your Own because housing for people with disabilities is a major issue in Oklahoma. Housing options generally consist of the family's home, congregate facilities, group homes, and nursing homes, where housing and services are inextricably linked. A Home of Your Own will increase the number of people with disabilities who will have the opportunity to own their own home and thereby gain independence and inclusion in the community. The program is in the developmental stage, and the council is currently seeking nonprofit status so that it will be able to meet the criteria for coordinating with local and federal funding sources, of which Fannie Mae is one potential source. The council will be working closely with that federal program to (a) provide input from consumers and (b) generate future statistics. The Oklahoma program is patterned after a national model and the programs of several other states.

Regarding Kiernan's comments about employment activities among state MR/DD agencies, I do believe that the natural supports model can be successful if the employment training specialist (job coach) is well educated in the model and is able to competently and successfully implement the supports within the work setting. The sad fact is that these specialists are generally paid the federal minimum wage, and we generally get what we pay for. In Oklahoma, we are in need of a systematic change in the use of contracted or community vocational service providers because an enormous amount of strategical game playing has been going on for the past several years. The service providers seem to strategize and maneuver services not only in the area of personnel but also in the area of the required statistical reports as to the number of successful (Status 26) closures to the state vocational rehabilitation (VR) agency. In reality, there is a "revolving door act" or a "recycling act" going on, with a tendency to serve the same clients over and over. This is a variable that I have observed to be only minimally addressed in studies of VR.

Charlotte Griffin-Dixon

High rates of unemployment and underemployment among persons with disabilities have been well documented. In spite of decades of disability legislation designed to improve the participation of persons with disabilities in the workplace, significant numbers remain out of the workforce. In particular, individuals with developmental disabilities have traditionally remained outside of the mainstream workforce, with many securing employment in sheltered work facilities or obtaining relatively low-paying jobs. Research findings reported by Kiernan do suggest that this trend may be changing.

Several key legislative mandates enacted over the past several decades have attempted to address the needs of persons with developmental disabilities. As a result of this legislation, school-to-work transition programs and supported employment efforts have been established that have had a significant and positive impact on improving employment options for these individuals. Persons with mental illnesses also have been able to benefit from some of these legislative initiatives.

As the Workforce Investment Act and the Ticket to Work and Work Incentives Improvement Act are implemented, what impact will these newly integrated employment systems have on persons with developmental disabilities and mental illnesses? The need to provide funding for employment preparation and skill building during high school is clearly evident. Considerable money and time will need to be invested if students with developmental disabilities are going to be prepared to transition into competitive employment from high school. In addition, the employment networks established under TWWIIA will need to be educated regarding how best to accommodate persons with developmental disabilities and mental illnesses in the workplace.

Small Group Recommendations Based on Kiernan

Implications for Service Delivery

- Begin vocational planning earlier, (i.e., at the elementary and middle school levels).
- Provide training and education in the use of natural supports to service providers and educators.
- Align strategies with approaches used with disadvantaged and diverse groups (e.g., involve employers and employees to ensure successful placement/retention).
- Include integrated employment options in the contract with service providers.
- Build in a system of rewards based on performance outcomes.
- Link education and training programs directly to employers.

Implications for Program Development

- Make sure that evaluation is included in all new program development.
- Increase funding for employment preparation and skill-building programs in high schools.
- Develop performance-based systems that incorporate outcome and milestone payments (e.g., incentives to achieve desired outcome of integrated employment).
- Increase compensation for and skills of direct-service delivery staff.
- Develop a comprehensive training and technical assistance capacity as a resource to service providers.
- Develop a strong leadership capacity at administrative levels to help foster desire change.
- Foster innovation in the use of "support" strategies.

Implications for Education and Training

- Improve job coach training and compensation levels.
- Continue to provide work on changing attitudes and bias toward target populations.
- Educate employers, employment networks, and One-Stop Centers concerning expectations, worksite accommodations, and resources for persons with disabilities.
- Provide staff development for service providers on program conversion (from sheltered to integrated employment).
- Invest in training of administrative staff members to support leadership for change.
- Expand and emphasize preservice and inservice programs and curricula that focus on transition to competitive and integrated employment.
- Provide training related to technology, especially universal design concepts.
- Look for ways to expand opportunities and approaches to provide apprenticeship programs.
- Ensure that all new programs include provisions for parent and consumer education.

Implications for Research

- Examine the experiences of clients and providers in terms of choices, individualized services, and the benefits of integrated employment.
- Analyze the costs and benefits of sheltered services versus integrated employment, considering wages, client satisfaction, and hours.
- Expand the number of studies that involve business experiences with persons with disabilities (e.g., Sears, DuPont studies).
- Examine longitudinal placement studies that track individuals over time.
- Develop measures that describe holistically and comprehensively the person and various programs that support him or her (e.g., employment, housing, leisure transportation).
- Research innovative and alternative models of client-support systems.

Implications for Policy

- Realign funding to support desired outcomes (from segregated employment to integrated employment).
- Promote policies that help facility administrators manage available resources and reach desired integrated employment outcomes.
- Ensure the availability of benefits planning and assistance for consumers throughout the process.
- Focus on policies that support serving culturally and ethnically diverse populations.
- Emphasize and expand policies that support expectations of employment as the desired outcome for persons with disabilities.
- Ensure that One-Stop Center policies effectively support serving persons with multiple barriers to employment.

One-Stops and Partnerships

Implementation and Policy Considerations

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The emergence of dynamic new labor markets, driven by rapid increases in technology, globalization, and work structures, has led to major rethinking on how best to deliver public services. At the same time, a new corporate focus on customer satisfaction and continuous improvement has led to greatly increased expectations from customers. In an attempt to respond to these changes, public systems have begun to explore how programs and services can be more efficiently delivered and how they can be measured to show accountability to the public. At the core of this effort lies the concept of the community-based One-Stop Career Center. Tight labor markets have greatly changed the interests and responses of individuals and businesses in terms of seeking alternatives to meet the challenges these markets have created. The potential for reaching into heretofore little used or untouched populations for employment is greater than anyone could have dreamed just a few short years ago. This paper will attempt to build an understanding of the history and general concepts in the public and private sectors that are driving the One-Stop effort. I will look at the new Workforce Investment Act and the promise it holds for addressing workforce needs. I will also explore the current status of the initiative, how ongoing efforts in the private sector are affecting it, and the promise for better integrated services for customers with disabilities.

Prologue—Public Systems

During the last 10 years, the U.S. economy and labor markets underwent tremendous change. This change is accelerating, and there is every chance it will continue. As a result, tremendous pressure has been put on institutions and individuals to change as well, in ways unheard of just over a decade ago. Public institutions have been particularly hard-pressed to understand these changes and adapt to them. For many years, the concepts embedded in how public services were delivered followed the old adages of "not making waves" and "doing no wrong," but little attention was paid to either how the consumer received benefits or the effectiveness of those benefits. Understanding these changes requires that we understand how our current employment efforts came about—that is, the history of public employment systems.

One agency that was continually under attack was the Employment Service, which was established by the Wagner-Peyser Act of 1933 and funded by a federal tax on employers. Responsibility for operations and delivery of services fell to the U.S. Department of Labor and the 50 individual state agencies that report to the state's governor. The Employment Service system changed little over the following five decades. Despite a wide variance in the political and operational philosophies of each state, a large degree of standardization in the delivery of services existed due to the overlying federal rules.

During the 1970s and 1980s, other federal labor market programs were being called upon to explain the need for their existence and why they should be funded. After the large federal experiment with the Comprehensive Employment and Training Act in the 1970s, Congress "fell back" to pass the Job Training and Partnership Act (JTPA) in 1982. JTPA, one of the first "true" federal block-grant programs, pushed for more state and local control and a much heavier involvement of business in the decision-making process for selecting and running local programs, but there was little or no connection to the Employment Service.

In the early 1990s there was an increasing awareness of the lack of effectiveness inherent in many of the programs run through the Department of Labor and its state and local partners. There were many "drivers" that brought this about, including a need to show accountability in public programs (largely as a result of federal budget issues and deficit reduction), studies that continued to indicate limited effectiveness, and political needs (passage of free trade legislation). This was greatly exacerbated by Congress, which created programs willingly, each with its own eligibility requirements, rules for providing services, and distributed/disjoint funding streams.

Program success focused on process, eligibility determinations, proper expenditure of federal funds, and in the case of JTPA, broadly defined performance standards. Although job training and employment were the ultimate goals, they were less well understood and little noticed. There was, however, a growing awareness of just how far out of touch federal programs were becoming vis-a-vis labor conditions in the United States and, to some extent, in global labor markets.

In the waning days of the George H. W. Bush administration, the Department of Labor put forth a comprehensive reform package (the New Century Work Force Proposal), which was designed to win approval for the North American Free Trade Act (NAFTA). It also set forth a number of concepts consistent with the agenda of presidential candidate William Clinton. These included simplified and integrated funding streams, outcomes-focused training programs, a School-to-Work initiative, industry skill standards, and an emphasis on understanding labor markets and measuring outcomes.

The New Century Work Force Proposal formed the basis for President Clinton's Reemployment Act of 1994, which was designed to deal with worker dislocations but also promised greater melding of funding streams, including some from the Department of Education (Vocational and Adult Education). At the same time, the Department of Labor began a series of initiatives that focused on consolidating services and moving toward better quality of services. Demonstration grants under the One-Stop Career Center initiative were distributed, and the Enterprise, Pioneers, and Simply Better quality initiatives were started in partnership with state and local systems. All of these initiatives set the stage for the Workforce Investment Act of 1998 (WIA) and its increased focus on customer satisfaction and One-Stops. Before I discuss WIA in depth, I want to look briefly at what was going on in the U.S. economy in the last couple of decades in order to build an understanding of the changing nature of business and its focus on customers, quality, and outcomes.

Prologue—Business

In the two decades following World War II, the United States experienced rapid and stable growth, setting standards for the world. In the 1970s, economic growth slowed, and the country entered a period of economic and social uncertainty accompanied by rapid economic growth of two international competitors—Japan and Germany. The United States became consumed by what its citizens consumed, how it competed within a New World economy, the definition of quality, and why it was no longer setting the standards. In short, the country became fixated on economic survival. In the mid 1990s, many of the lessons the United States had learned from examining world economic systems began to take hold, and what we now look back on as a tremendous period of growth and economic expansion began. A willingness to adapt, learn, and innovate has driven this economic resurgence. Today's challenge is sustaining this growth, understanding new economies, reaching into populations that had previously been disregarded in terms of labor—looking for the new equality and how to make it real.

The economic context that served to drive the public sector and the Department of Labor to rethink how programs were perceived and delivered, and that ultimately led to the passage of WIA and the One-Stop concept, is important to understand. In the late 1980s, a number of important studies on the status of the U.S. economy helped set the stage for a comprehensive rethinking of how the country worked and competed in a new international economy. The Massachusetts Institute of Technology Commission on Industrial Productivity conducted a critical review of the status of the U.S. economy. In laying out its reason for existence, the Commission stated, "Late in 1986, the Massachusetts Institute of Technology convened its first commission on a major national issue since WWII. [We] did this to address a decline in U.S. industrial performance perceived to be so serious as to threaten the nation's economic future." The study begins by stating the following view (correct at the time) of U.S. industry:

> Products made in the United States are said to be inferior to foreign goods; this complaint extends both to consumer products, such as cars and clothing, and to industrial commodities, such as steel and semiconductor chips. American factories are accused of inefficiency; the work force is said to be indifferent and ill trained; and managers are criticized for seeking quick profits rather than pursuing more-appropriate long-term goals. Designers, engineers, and the research community are also named in the indictment, on the grounds that America's best technology had been surpassed in many fields. (p. 1)

The Commission made a set of policy recommendations, including increased coordination between public and private sectors, an increased emphasis on the organization of work, on organizations that empower workers, and the need for better skills and continuous learning systems. Interestingly, this report lays the groundwork but precedes a full understanding of the issues of customer satisfaction, embedded quality processes, and the alignment of systems. Its work did influence the thinking of leaders in the public and private sectors, laying the basis for what would ultimately become the journey to change public workforce development systems.

Something quite different was beginning to take place at this time, although we hadn't yet fully understood its extent and full impact. It was a period of change concerning the economy and employment unlike any other previously experienced in the United States. Handy (1989) said,

> 1) Changes are different this time: they are discontinuous and not part of a pattern; such discontinuity happens from time to time in history, although it is confusing and disturbing, particularly to those in power; 2) that it is the little changes that can in fact make the biggest difference to our lives, even if these go unnoticed at the time, and that it is the changes in the way our work is organized which will make the biggest differences to the way we all will live; and 3) that discontinuous change requires discontinuous upside-down thinking to deal with it, even if both thinkers and thoughts appear absurd at first sight. (pp. 5–6)

Recognizing that survival implied unprecedented change, companies began to rethink how they organized to effectively use their scarce factors of production, who their customers were, and how they competed in global markets. This led to a succession of different production and service strategies and to a business model vastly different from any that had been previously used. This thinking has led to a constant reexamination of corporate strategies, which continues to this day.

Looking at the current state of this thinking will help put the WIA/One-Stop effort in context. There are many studies and ongoing efforts to describe what is happening in the global economy today. In this paper I will focus on two views that are affecting the future of public systems and may have the most significant effect on the future of workforce development systems: basic business "drivers" and principles affecting public policy.

Driving Principles for Economic and Public Policy

Companies make decisions about whom they hire and the skill sets employees must have based on the business drivers they believe will affect their future. Business 2.0 (2000) defined 10 key New Economy business drivers:

1. *Matter:* Increasingly, the value of a company is to be found not in its tangible assets but in intangibles: people, ideas, and the strategic aggregation of key information.
2. *Space:* Distance has vanished. The world is your customer and your competitor.
3. *Time:* In a world of instantaneous connection, there is a huge premium on instant response and the ability to learn from and adapt to the marketplace in real time.
4. *People:* Brainpower can't be tallied on a ledger sheet, but it's the prime factor driving the New Economy.
5. *Growth:* The network accelerates it.
6. *Value:* It rises exponentially with market share.
7. *Efficiency:* "Infomediaries" replace intermediaries. Traditional distributors and agents are seriously threatened by a networked economy in which buyers can deal directly with sellers.
8. *Markets:* Buyers are gaining dramatic new power—and sellers are gaining new opportunities.
9. *Transactions:* The information portion of any good or service is becoming a larger part of its total value.
10. *Impulse:* Every product is available everywhere. Artificial constraints on choice are replaced by the ability to purchase the precise product you desire.

In terms of public policy, The Progressive Policy Institute, in its *Governing Principles for the New Economy* (1999), listed 10 rules:

1. Spur innovation to raise living standards.
2. Expand the winners' circle.
3. Invest in knowledge and skills.
4. Grow the net.
5. Let markets set prices.
6. Open regulated markets to competition.
7. Let competing technologies compete.
8. Empower people with information.
9. Demand high-performance government.
10. Replace bureaucracies with networks.

Although all these rules apply to this discussion, several are particularly appropriate to the evolution of the One-Stop concept and are worthy of additional review. To expand the winners' circle (Rule 2), the benefits of innovation and change should be spread broadly to all U.S. residents, including those not yet engaged in or benefiting from the New Economy. To accomplish this, such individuals must have access to the tools and resources they need to get ahead and stay ahead. Investing in knowledge and skills (Rule 3) requires that the federal and local governments invest more in the knowledge infrastructure of the 21st century: world-class education, training, and lifelong learning science; technology and technology standards; and other intangible public goods.

Constant innovations in ever-lower-cost information technologies have enabled increasingly ubiquitous access to information, giving individuals greater power to make informed choices (Rule 8). Governments should encourage and take advantage of this trend to address a broad array of public policy questions by ensuring that all U.S. citizens have the information they need. Government should become as fast, responsive, and flexible as the economy and society with which it interacts (Rule 9). The new model of governing should be decentralized, nonbureaucratic, catalytic, results oriented, and empowering. In some cases, governments should let organizations, public and private, compete to deliver public services. In the old economy, bureaucracy was how many major policy problems were addressed. In the New Economy, we must rely on a host of new public–private partnerships and alliances (Rule 10).

In these drivers, we see a focus on flexibility, change, distributed systems connected by information links, accountability, and demands for every increasing performance related to customer needs. The basis for all of these is in the skills and abilities of workers. These are principles that should be at the heart of any new public employment development system.

Workforce Development System and One-Stop Elements

The passage of the WIA in 1998 was the end of a lengthy negotiation process begun earlier in the decade. Although WIA codified some of the basic tenets envisioned in the earlier efforts, it did not reach the full intent of the original drafters. The vision of a unified workforce development system built on the resources and programs of the U.S. Department of Labor, the U.S. Education Department, and—to some degree—workforce programs in the Departments of Health and Human Services (HHS) and Housing and Urban Development (HUD) was not realized. Permissive, encouraging language was used to reflect some common goals of the various programs, but "mandatory" planning and coordination and creation of simplified funding streams were extremely limited.

WIA did codify the emerging concerns of federal, state, and local program managers to reflect changes ongoing in U.S. labor markets, and it began the focusing effort concerning how services were delivered to "customers" in local communities. Language was also added to coordinate local and statewide planning. At the state level, this is reflected in the individual governors' state plans. At the local level, this is recognized through the provision of a local workforce board and the One-Stop Career Center as the point of contact and instigator of services to individuals in the community.

The principles embodied in WIA reflect the view of the economy in the late 1990s. They reflect the desire to meet the needs of the business customer and of individuals seeking services. WIA envisions a system that offers streamlined services, empowers individuals, provides universal access, increases accountability, develops new roles for local workforce boards, increases state and local flexibility, and leads to greatly improved youth programs.

These principles are further described in concepts concerning how programs must be designed and managed at the local level. Preferred programs afford customers convenient access to employment, education, training, and information services at a single location and allow customers to have choices in deciding the training program that best meets their needs. The language of WIA strongly implies that customers should have control over their own career development and the right to information about the quality of services and success of training providers.

WIA lays out a stronger role for business than did JTPA; it recognizes that business is also a customer of public workforce development programs, which is a new concept for federal programs. This is the culmination of many years of discussions inside the Department of Labor in which the "traditional program" staff members argued that the only customer was the individual who needed help. Others argued that help was not an end unto itself but part of the journey to successful careers and fulfilling lives. The two groups may have meant to achieve similar outcomes, but the nature of the process each envisioned was quite different.

Engaging employers may in the end be the most difficult aspect of the WIA, and the public sector faces a number of challenges as it tries to create a system that achieves this. WIA is in a sense untraditional legislation in that it leaves much to the imagination and much to be filled in later and is therefore subject to the nuances of state and local political forces. It increases flexibility in the definition and delivery of services, accountability, and so forth.

It has become quite apparent that you can't just tweak the system and expect the employer to buy in. In order for state and local partners to create an effective strategy, they must empower employers early in the process (the evidence is mixed at this time as to whether this in fact happening). They must demonstrate the relevance of the program (in the past, limited vision and funding has greatly affected this); show employers how they will benefit from the program; and ensure that the structure, planning, and services fit the employers' agendas. In short, public programs must change significantly to align themselves with the supply-and-demand forces of existing and future labor markets.

Section 121 of WIA sets forth the One-Stop Career Center as the primary delivery mechanism for access, information, and provision of services for local Workforce Development boards. The One-Stop is in fact the cornerstone of WIA. Its purposes are to simplify and expand access to services for job seekers and businesses and to establish a seamless delivery system. One-Stop principles include universality, customer choice, integration of services, and accountability for results. Coordination is required among the Departments of Labor and Education (Title II Adult Education and Literacy; programs under Title I of the Rehabilitation Act of 1973); Health and Human Services (Community Service Block grants); and Housing and Urban Development. Coordination is encouraged among the Departments of Agriculture, Health and Human Services (Temporary Assistance for Needy Families), Transportation, and the National and Community Service Act (Americorps).

WIA establishes the requirement that each local Workforce Investment area have at least one full-service, physical, primary One-Stop Center. Other "comprehensive centers" must provide core services (described later) and access to other partner activities and programs. Additional affiliated sites may be established but must be networked to the primary/comprehensive sites. Each One-Stop should provide a map of services available, coordinate services to develop skills of job seekers, enable employer needs to be heard and communicated, and make connections between the job seeker and employer happen faster than ever before.

In Section 101(30), WIA defines a "partner" as an entity that participates with the approval of the local board and chief elected official in the operation of a One-Stop delivery system. Partners are defined to include entities that carry out the following programs or activities: Title I of WIA, Adult Youth, Dislocated Worker, Native American Programs, Migrant and Seasonal Farmworker Programs, Veterans' Workforce Programs, Job Corps, Employment Service, Title V–Older Americans, Unemployment Insurance, Vocational Rehabilitation, Welfare-to-Work, Housing and Urban Development Employment & Training, Community Service Block grants, Adult Education and Literacy, Postsecondary Vocational Education, VETS Title 38, and NAFTA Adjustment Assistance.

The responsibilities of partners include providing core services applicable to the partner's program and providing access to other partners' programs and services. Each partner is to provide (a) a portion of its funds to establish a One-Stop delivery system and (b) core services to adults and dislocated workers. A jointly signed Memorandum of Understanding (MOU) defines the partnership. Such an MOU includes a description of customer services and how services and system operating costs will be funded. It also describes the method for referral of individuals between the One-Stop operator and its partners, the length of the MOU, how it will be amended, and other relevant provisions.

Core services to be provided include adult, youth, and dislocated worker eligibility determination; skills assessment; job search; placement assistance; career counseling; employment statistics information; performance and program cost information; and local area performance measures. Core services also include providing information on supportive services such as childcare and transportation, unemployment compensation filing, eligibility for Welfare-to-Work, and follow-up services.

For individuals who need more-intensive services beyond those defined as core services, such services may be provided directly or through contracts. Intensive services allow an individual to obtain or retain employment but also allow for self-sufficiency. Services could include but not be limited to comprehensive assessments of skills and service needs, development of an individual employment plan, group counseling, individual counseling and career planning, case management, and short-term professional services. If funds are limited, priority for such services must be given to welfare recipients and low-income individuals.

One-Stop operators may be a public or private entity (Goodwill is a major operator of One-Stops) or a consortium of entities. Some possibilities for operators include postsecondary institutions; the Employment Service; private, nonprofit organizations; private for-profit entities; government agencies; or other "interested organizations or entities."

One-Stops: The Relationship to Rehabilitation Services

Contained in WIA at Title V are The Rehabilitation Act Amendments of 1998. In WIA, Titles I and V, there are a set of requirements that provide for greater coordination, collaboration, and linkage among a wide variety of employment and training programs. While some of the requirements focus on state and local governance issues, there is also a requirement that vocational rehabilitation (VR) be a required partner in the One-Stop system.

Congress clearly intends VR to be an integral part of an efficient and effective statewide workforce investment system. It clearly looks to VR to provide information and services based on the consumer's strengths, resources, priorities, concerns, abilities, capabilities, and interests so that he or she may prepare for and gain meaningful employment. In proposed regulations, the Department of Education further described its view of VR and One-Stops, stating, "participation in the One-Stop system by state units administrating VR programs will result in enhancing the range and quality of services accessible to program participants. . . . The effective participation of the VR program in the One-Stop system therefore is critical to enhancing the VR program itself." In describing how individuals may access programs, the proposed Regulations state, "Some individuals may receive the full scope of needed services through the One-Stop system without accessing the VR program at all."

With respect to serving individuals with disabilities, the Department of Labor has issued further guidance to clarify WIA Section 188. In a Training and Employment Information Notice, the department stated that "although agencies that provide Vocational Rehabilitation services are required partners in the One-Stop delivery systems, the section 188 regulations provide that it is unlawful for One-Stop delivery systems, including comprehensive Centers, to rely on such agencies alone to provide services to individuals with disabilities." Indeed, One-Stop delivery systems have an affirmative obligation under various nondiscrimination laws and regulations to administer their programs "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." This means that One-Stop delivery systems may not *require* such individuals to participate in special programs such as the VR programs but must offer them the opportunity to participate in the same programs and activities as they offer to individuals without disabilities.

Late last year, Congress passed and the president signed the Ticket to Work and Work Incentives Improvement Act. In addition to removing barriers for individuals with disabilities to return to work, according to Daniels (2000), the Work Incentives act "modernizes the employment services for people with disabilities and extends education and scientific research" (p. 1). It does this in part by creating employer networks. These networks assume the responsibility for coordination and delivery of services under the program to an individual who assigns his or her Ticket to Work and self-sufficiency to an employment network. The network may consist of a One-Stop delivery system established under WIA, a single provider of such services, or a group of providers organized to combine their resources into a single entity.

Customers and Service—Lessons for One-Stops

What will it take to deliver the promise of the One-Stop system? For one thing, elements of a customer-centric system are beginning to emerge. The definition of "customer" has been broadened; increasingly, attempts are being made to understand the nature of the needs of both individuals and business. Getting it right and meeting the needs are now a part of the general discussion in conjunction with the traditional talking points on process and legality.

For individuals who come into a One-Stop, the issues of program selection, eligibility, and services are largely secondary (if that) to the desire to get help to improve their lives, to seek and obtain employment with career growth that will enable them to support themselves and their families. The outcomes they seek are the right job, at the right wage, with the right potential, and as quickly as possible. The services they seek must be flexible, meet their needs, and be readily obtainable. Services must include adequate information on the labor market they seek to enter, information on the options open to them, and a fair assessment of the success of each.

For business, the needs are different, but the service standards are similar. In the current environment of labor shortages, One-Stops can best help employers by providing them with skilled, job-ready individuals from traditional populations and—equally important—from individuals outside traditional populations. In an employer survey, Mower (1988) found that employers wanted the following: online and other ways of accessing One-Stop services; effective and careful applicant screening and referrals; and a recruitment pool that reflected a variety of applicants with different skills, employment status, and education and from different geographical areas. They wanted One-Stops to be proactive in understanding employment needs for training purposes, to have a variety of financial options and programs, to understand and practice the principles of effective customer service, to offer basic skills testing, to project a pro-business image, and to be seen as employment centers—not unemployment offices. They wanted performance indicators, reports regularly available to the public on the return on investment, a plan to evaluate effectiveness, and accurate and up-to-date labor market information.

The key to meeting customer expectations for One-Stops is to focus on the needs of the customer, understand how these needs can be successfully met, measure whether they are being met, and adjust the process if they are not being met. Having said this, it must be acknowledged that in the current environment the task is challenging.

For individuals with disabilities, the issue of customer service is closely entwined with that of choice. Informed choice, as defined by a Rehabilitation Service Planning Committee, refers to "an ongoing process in which the individual and the counselor work together to gather and evaluate information that will be utilized by the individual to make informed choices about goals and services that will lead to an employment outcome." The Department of Labor's One-Stop Disability Team has described an approach within One-Stop operations to ensure customer choice for people with disabilities. The Team sees a One-Stop system as

> relying increasingly on self-service modalities to provide quality services to jobseekers and employers alike. The extensive, varied educational and employment-enhancing tools available are critical to putting control of career decisions directly in the hands of the customer. In the One-Stop system, customers define their own workforce development needs and are provided the information necessary to make informed decisions. Given the critical role self-service plays in meeting the One-Stop System's commitment to customer choice, DOL has been working through various forums to ensure that self-service is accessible to people with all types of disabilities. (Disability Online, 2000, p. 1)

The commitment to ensuring that the One-Stop system meets the needs of all consumers is embedded in the enabling legislation and increasingly in policy and operational guidance at all public levels. The path is clear but the journey is still long to achieve these noble goals.

What Works: Models and Best Strategies

WIA requires that a "real" One-Stop exist in each designated area. In fact, if the new system is to meet the needs of the community, the actual designs and operational models will be quite varied. In some cases, the model will closely resemble existing local Employment Service offices. At the other extreme, a virtual model that resides solely on the Internet may exist. In fact, what I expect to see evolve will be somewhere in the continuum between the two extremes.

Goodwill has been a major player in the design and operation of One-Stops. In an early and extremely successful Center in Kenosha, Wisconsin, a true community-wide model was established with more than 19 partners. In other cases, we have set up "strip mall" One-Stops in suburban communities with a small footprint and only a few partners. In all these cases, the focus has been on the customer, a network of services, and effective partnerships. Based on this extensive experience in the operation of One-Stops, Goodwill was asked by the Department of Labor to develop a conceptual model of a community One-Stop and to describe the concept to more than 2,400 federal, state, and local public officials at the Department's JETTCON•2000 national conference in July 2000.

To develop this model, we convened 21 members to form a design and implementation group. The group analyzed a number of factors that seemed to be important in setting up and successfully running a One-Stop, including developing *working partnerships* by getting to know each other, starting small, championing the One-Stop concept, leaving egos at home, working together to solve problems, and knowing and serving the customers.

Inside the partnership, we developed an *operational vision* that started at the top with an interagency vision through executive leadership, committed agency heads, and expectations of success. Interagency staff members were involved in developing strategies for the new environment, each bringing his or her unique agency perspective to the common vision.

Setting *operational parameters* let staff members get to know one another through executive-attended, light, and fun inservice staff/team building meetings. A *common mission* was created and agreed to by all partners, with a set of supporting principles that in the final analysis became a "living document." In this process, agency cultural differences were recognized and dealt with. Focusing on the needs of the customers and how these needs are to be met can best achieve this goal.

Creating an effective *integrated management structure*, which could consist of a community advisory council, executive management team, One-Stop management team, frontline management team, and self-directed work teams, was important also. Staff members across agencies, functions, and levels had to be involved in the planning process, leading to staff member ownership of overall business and decision making. Ongoing staff training at multiple levels was critical to success. In addition, the group recognized that nothing would work if a *proper environment* was not created. This environment should support interagency relationships in an open professional environment—a collocated and integrated physical work setting where common services are shared and there is common identity.

Another factor was *understanding the customer* and developing and integrating services around his or her needs. Services that fell into this area included employer outreach, job search, job readiness activities, and support services. The final factor was *expect success*. To achieve success, one must expect success, create an environment that fosters success, and share and celebrate success together with all participants.

Although these strategies will not guarantee success, it may well be impossible to achieve it without paying careful consideration to them. In the coming months and years, as we move further into the world of One-Stop operations, new strategies will undoubtedly be added to this list.

Where Are We Today?

With implementation of WIA less than 4 months old, the success of the One-Stop system remains to be determined. Conceptually it seems like the right step. In a recent hearing before Congress' House Ways and Means Committee, a representative from the General Accounting Office offered the following assessments:

Fagnoni (2000) testified that states and localities have attempted to integrate their services under WIA. They reported having confronted several challenges, including the following:

1. difficulties in building partnerships with other agencies as required under WIA,
2. development of an infrastructure to support an integrated program—including physical facilities and computer systems, and
3. development of an integrated approach while at the same time responding to the requirements of individual federal programs.

Despite these challenges, the General Accounting Office found that states were developing integrated service delivery approaches that show promise, often focusing their efforts on resolving the issues that had been found in the fragmented employment training system. Although states do not require that all mandatory program services be provided on-site, most states are reporting that the primary programs funded by the Department of Labor very often are. Nearly half of the states reported that in the majority of One-Stop centers VR services are on-site. In addition, VR funds were sometimes cited as important in funding One-Stop centers.

The General Accounting Office's 50-state study also found that building new partnerships was the subject of the largest number of written comments. The requirement of stipulating cost sharing has caused widespread difficulties in states and localities, which have resulted in MOUs being delayed, and states and localities are struggling to find equitable cost-sharing methodologies while still meeting operational costs and legislation requirements. In addition, several states reported "growing pains" as they merged cultures across the various program partners.

The logistical issues involved in designing and developing an integrated One-Stop Center have challenged states. Deciding which services to provide—whether on-site, through electronic linkages, or by referral—has been complicated, and the choices made sometimes have brought unforeseen consequences.

Despite these challenges, states and localities are designing and developing integrated service delivery approaches at

One-Stop Centers, focusing their efforts on resolving some of the longstanding issues inherent in a fragmented system. In so doing, they have looked to the new requirements of WIA and focused on a broader range of services to meet the employment-related needs of the general public. At this early stage of WIA implementation, states are making progress in integrating employment and training services.

In a statement before the Committee, Robert Gross (2000), president of ICESA, stated that the "challenges facing the new workforce system can be summed up in three words: funding, reporting, and partnering." With respect to the first issue, Gross argued that most of the funding for the actual operation of the One-Stop comes from the funds allocated to run the Employment Service. Although this point has some validity, it should be noted that the Employment Service can be and should be at the heart of the One-Stops, so what better source to use?

His second and third points are of more interest. Gross argued that "WIA sought structural reforms in order to eliminate duplication and 'organizational silos'." However, I must emphatically stress that until "funding silos," which focus on serving carefully defined and limited populations and often have conflicting eligibility criteria, are remodeled to meet the structural changes contained within WIA, integration challenges will continue.

In his third point, Gross brought up the issues of effective partnerships: "Convincing all of the required partners to truly participate in the One-Stop is difficult at times. These partners often have their own service delivery systems and funding issues. They are primarily concerned with their federal authorizing statutes, which sometimes do not necessarily align with WIA."

Looking to the Future

The future of the One-Stop effort, with its emphasis on customer service, performance, and efficiency, is full of promise. The challenge of developing and implementing a One-Stop requires continual learning and adjusting. These challenges roughly fall into three main categories: implementation, political, and customer focus.

Implementation

The primary challenge in implementation is how to create effective partnerships at the local level among partners who have institutional and program barriers. Developing a foundation of trust and cooperation between partners during MOU development and before implementation is crucial to the success of the One-Stop.

Going to scale at the local level also presents some difficulties. Financial and physical resources are limited, but local and regional needs are not. Partners must leverage synergies, develop efficient systems using technology, and manage scarce federal and state resources efficiently in order to maximize program capacity and quality.

The mindset of local operators and policymakers must continue to evolve as training and employment services transition to a more dynamic, customer-friendly, and performance-focused system. Quality systems that measure customer satisfaction, outcomes, and system efficiency must be institutionalized to achieve ever-higher levels of quality.

Partners must find new ways to efficiently use technology, to stay current with the ever-increasing level of change, and to ensure access for all potential customers. Decisions must be made on the best mix of real and virtual systems in order to provide the most effective information and services to consumers.

Finally, a successful One-Stop demands effective operating and management systems that cover all partners, including training providers and other partners not involved in the day-to-day operations of the One-Stop. This "extended community" of partners needs to be effectively linked to the One-Stop to ensure that services meet customer needs and that customers understand which programs are most successful.

Political

Unfortunately, the political work is not yet finished—and probably never will be. Although the WIA does move in the direction of joint planning and delivery of services, a wide variety of funding streams, program-specific requirements such as eligibility determination, and scope of operations (service and geographical) still must be aligned. The seamless delivery of services promised through the One-Stop can only go so far without fixing the "back office." It will take considerable political will at all levels of government to make changes to historical programs so that the vision can be realized.

Customer Focus

One-Stop efforts will not be effective if the focus is not on the needs of the customer—both the customer receiving employment and training services and the business customer. This includes all types of businesses in all sectors, large, medium, or small. The One-Stop must find ways to determine those needs and meet them.

We live in a dynamic world with constantly changing labor markets. Skill sets and work environments are constantly being reengineered and reevaluated by businesses. It will be critical to align One-Stop information and program-delivery services with these changes. One-Stops should not exist within artificial political boundaries—yet that is how they are currently viewed. One must look at logical labor market boundaries to ensure that systems and guidance are in place that truly lead to a seamless system for all customers. The needs of individual customers will continue to widen and grow as business needs change. Whether we are talking about entry-level jobs, career paths, or advanced placement, it is critical to determine the proper set of services to offer. Getting real-time information that is consistent with current labor market trends will contribute significantly to the success of the One-Stop initiative.

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Reaction Papers to Van Erden

Charlotte Griffin-Dixon

Van Erden notes that the Workforce Investment Act of 1998 seeks to develop an integrated system that will "streamline services, empower individuals, offer universal access, increase accountability, develop new roles for local workforce boards, increase state and local flexibility, and lead to improved youth programs." The Ticket to Work and Work Incentives Improvement Act further seeks to remove employment barriers, modernize employment services, and extend education and research regarding people with disabilities. These efforts are to be accomplished through the establishment of employer networks whose primary responsibility is the coordination and delivery of services to persons with disabilities, who will assign over their Ticket to Work and self-sufficiency.

A primary shortcoming of these legislative mandates is their failure to articulate implementation practices; instead, it has been left up to individual states and local governing bodies to determine how to best implement these programs. As a result, these entities are struggling to identify the most efficient and effective way(s) to unify and integrate their many programs and services for persons with disabilities. In the process, a myriad of barriers that contribute to the difficulties experienced have emerged: multiple definitions of disability and differing eligibility criteria, the lack of a simplified funding stream, and "turf" issues and philosophical differences in service delivery. Moreover, problems have occurred in establishing partnerships among and between participating agencies and responding to the reporting requirements of various federal programs. One is left to wonder whether timely, effective, and quality services are possible.

Peter David Blanck and Helen A. Schartz

Van Erden's article focuses on the challenges in implementing the Workforce Investment Act (WIA). It also sets out models or best practices that have addressed these challenges.

Legislation and Policy Implications. Although Van Erden suggests that WIA is "untraditional legislation" because "it leaves much to the imagination," all legislation is subject to interpretation. Providing consumers with guidance means that we need to understand what precedents agencies and courts might rely on to interpret WIA. What are the likely interpretations? What and how may guidelines be developed for interpretation? The Department of Labor, for example, is charged with the role of leadership and governance, including developing interpretation guidelines, and it has already published numerous guidelines (see Sec. 189 of WIA (29 U.S.C. 2939); 20 C.F.R. 661.110; Silverstein, 2000).

Van Erden argues for an increased role for the private sector and a decreased one for the public sector. Who will protect individuals with disabilities from discrimination? It can be argued that private businesses have a history of employment discrimination that has only been corrected through government intervention.

Research Implications. Van Erden sets out the policy goals of WIA, including "streamlined services, empowers individuals, offers universal access, increases accountability, develops new roles for local workforce boards, increases state and local flexibility, and leads to greatly improved youth programs." What will be the outcome measures? Which stakeholders will decide? Different stakeholders prefer different outcome measures. Policymakers require cost-effectiveness measures that compare the new program to former nonintegrated systems. Consumers will need to be informed of outcome results for others using these One-Stop shops. Given these diverse outcome measures, how will we know if these legislative changes have achieved these results? Furthermore, who will fund these assessment outcomes, considering Van Erden's description of the financial challenges of developing the One-Stop shops?

Service Delivery. To meet needs of consumers within the limited budgets of the One-Stop shops, Van Erden suggests increased access to technology and education and use of technology, and virtual One-Stops that may be accessed from other places. Although these are good ideas, many individuals with disabilities may not be technologically sophisticated, the technology may not be accessible to them, or they may not have access to computers or other instruments to obtain access. Who will train individuals with disabilities to access the system? Who will ensure that the technology is in an accessible format? Who will provide physical access to computers and machinery to use this technology?

Program Development. Part of WIA's integration is to provide comparable opportunities for individuals with disabilities. How will these One-Stops integrate opportunities for nontraditional employment like self-employment or temporary work? One-Stop shops may be able to learn from private-staffing industry organizations, like Manpower or Kelley, which have successfully transitioned millions of people into the workforce (Blanck, 1998). Van Erden discusses a survey by Mower of employers' expectations for One-Stops. These expectations are similar to the types of services that staffing industry companies (e.g., Manpower) provide. In what ways may these private-service providers be integrated into the public-service One-Stop system? As part of the development of One-Stops, partners must develop Memorandum of Understanding (MOU), essentially a contract that describes each partner's role and funding responsibilities. This process may be facilitated by information about model MOU's and research on the effective characteristics of partnerships. Development of One-Stop Centers also is analogous to the development of any major corporation. We may learn about the challenges and solutions to this process by studying business development and corporate cultures.

Training and Development. How will each of these partner agencies be trained and informed about the roles, responsibilities, and procedures of each of the other partners to create this seamless service system? What roles are available for nonpartner professionals, like benefits planners, whose services augment those of the partners? What credentials, certifications, licensure, or other quality-assurance measures will be in place across or within these partner agencies?

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Lahoma Schultz

> If the unemployed could eat plans and promises, they would be able to spend the winter on the Riviera.
>
> —W. E. B. Du Bois, *As The Crow Flies,* January 1931

The premiere of the implementation of the Ticket To Work and Work Incentives Improvement Act is very near at hand and my hope is that the program managers who are assigned to assist the Commissioner of Social Security in administering the program will be generous in the utilization of internal accountability measures. I'm referring to the following: (1) terminating agreements with employment networks whose performance is inadequate; (2) providing for periodic reviews of employment networks to ensure effective quality assurance in the provision of services; and (3) ensuring that employment networks comply with the terms of their agreements with the Commissioner and that payment by the Commissioner to an employment network is warranted. Getting it right and meeting the needs of the customer—the consumer and/or the employer(s)—is a challenge, but it is a challenge we must be prepared to meet; otherwise, the economic progress we are making in our capitalist society will remain in turmoil.

Lynnae M. Ruttledge

The paper by Dr. Van Erden provides an overview of the general concepts in the public and private sectors that are driving the One-Stop effort. To augment the discussion of "what works, models and best strategies,' a key concept of "a welcoming environment" needs to be added to the discussion of a "proper environment." It is unclear if the customers (job seekers and employers) were represented in the development of the conceptual model. In our work, persons with disabilities and employers have called our attention to the need for the creation of "a welcoming environment"—an environment that is sensitive to the needs and attributes of the targeted customer. There needs to be a concerted focus on being responsive to and inclusive of an increasingly diverse customer base. In the rush to dismantle "silos," we must ensure that the "carefully defined and limited populations" reap the benefits and not the unintended consequences of a reformed service system.

Rita Martin

I would agree with Van Erden that the success of the One-Stop system remains to be determined. Significant research needs to be done to examine the system's progress toward achieving the desired outcomes before any major legislative or funding changes are considered or pursued.

The new system envisioned under Workforce Investment Act (WIA) is predicated on a set of assumptions that have yet to be proven true. WIA mandates a coordinated and collaborative approach to service delivery for vocational rehabilitation, not an integrated one, as is being proclaimed by numerous entities. It is the push toward integration that is of concern to a number of rehabilitation professionals and people with disabilities due to the many questions yet to be answered regarding the One-Stop system's capability, interest, and desire to meet the employment needs of people with significant disabilities. The continued decrease in funding available for this new system further heightens the concerns among some rehabilitation professionals that people with significant support needs and skill deficits will be the last to be served in this system, if they are served at all.

As a practical example, in some states, minimal resources are available for Individual Training Accounts (ITAs), in other states, no funding has been set aside for ITAs. There are concerns that a person-centered planning approach to service delivery is lacking. Much emphasis is placed on self-service; yet, in numerous One-Stop Centers across the country, access to self-service technology for people with disabilities is either limited or unavailable. One-Stop operators are questioning whether or not they can meet performance standards if they serve too many individuals with significant disabilities. These are all valid concerns that need to be addressed.

In a perfect world, the One-Stop system might work for all people. However, until disability is understood, accepted, and embraced by the general public, employers, and the community, the need for targeted funding for services for people with disabilities will remain.

William E. Kiernan

Van Erden offers a good review of and explanation as to why the Workforce Investment Act (WIA) was conceived, and some of the factors (positive and negative) that influenced its passage. As noted by the author, the concept of developing a more integrated and comprehensive employment and training program is clearly based upon the former system's inability to address the needs of job seekers and employers.

It would seem that success will be measured by the capacity of the One Stops to respond to changing employer needs and the interests and preferences of the job seeker. Concerns about the need to develop a more integrated system of funding are justifiably raised by Van Erden. What is not addressed is a concern that given the past inability of the Joint Training and Partnership Act program to serve individuals with disabilities, this new system will remain incapable of addressing the needs of the job seeker with a disability. If this is the case, then concerns about the consolidation of funds are very real.

While most professionals would agree that there is a need for a better way of doing business, some concern remains as to the capacity of the new and evolving One Stop system to address the needs of all job seekers. The challenge will be one of developing a system that can respond to these needs and offer employers a viable source for their workforce needs.

In addition to the integration of employment and training resources, there is also a need to recognize that other public programs are working against entry into employment by individuals with disabilities. The concerns about loss of cash and healthcare benefits, housing and food support, and transportation are all real issues for individuals with disabilities. Thus, the analysis of the impact of WIA must be coupled with an analysis of legislative initiatives such as Ticket to Work and Work Incentives Improvement Act (TWWIIA) and the implementation of the *Olmstead* decision at the state and local levels.

Finally, in any discussion of the development of a consolidated employment program such as WIA, other major players at the state level must be included. State mental health and mental retardation programs (largely state funded but often with considerable Medicaid waiver reimbursement) are not involved or required to be involved in the implementation of WIA. The true test of the principles of WIA will be the development of integrated state workforce development plans (something that most states have yet to embrace).

Given some of these issues, it would seem that Van Erden may want to investigate some of the roles of nonmandated partners in the development of an integrated employment and training plan at the state level. Also, changes in the Medicaid plans (as offered under TWWIIA) should be considered. Finally, and especially for individual job seekers who have a disability, the role of the Individual Training Accounts is critical. The challenge is not just getting effective Memoranda of Understanding (MOUs) in place but including other resources within the MOUs and also recognizing that the basic mandates of the Americans with Disabilities Act (access and individual choice) must be included in the design of the One-Stop Career Center system if there is any chance of addressing the needs of all job seekers.

Allen Kropp

Van Erden offers an extensive discussion of the past, present, and future of the One-Stop model under the Workforce Investment Act (WIA) that raises a number of important issues that will affect whether that model ultimately succeeds in improving employment opportunities for persons with disabilities, as well as the public at large. As a policy advisor to the Commissioner of the Rehabilitation Services Administration, I find the greatest importance of the paper to be its recognition of the barriers that must be tackled by future legislators and federal agencies to better plan, coordinate, and relate individual employment programs within the One-Stop system. For example, although Van Erden argues for the need for the One-Stop system to catch up to the growing economy, he notes the disconnect that exists between the idea of a unified One-Stop system and the present-day WIA One-Stop model that brings together multiple programs in a supposedly coordinated manner that is not at all clear to many of those charged with implementing the system. Should Congress give greater consideration to how the needs of persons with disabilities are to be met through a singular, universal system of employment programs? Moreover, should federal partners implementing WIA partner programs offer more specific guidance or remain silent as state and local entities ask, "How should we do this?" or "Help us tell our partners that their proposed approach is not permissible." More detail from Van Arden about Goodwill's experiences as to "what works," specifically, when it comes to serving those with disabilities, may offer a more useful model to which policymakers can point and, more importantly, replicate. Creating effective partnerships, addressing and working through political struggles, and making customer-focused efforts are the tasks that lie ahead, according to Van Erden. Specific, targeted strategies that have been successful (or for that matter, unsuccessful) in each of those areas would go a long way toward enhancing this paper's impact on policy and program development at the federal, state, and local levels. Also, greater explanation as to the reasons why nondisability-specific programs must do a better job of addressing the needs of those with disabilities would further enlighten readers as to how the One-Stop can serve as a truly universal system.

Small Group Recommendations Based on Van Erden

Recommendations/Implications to Enhance Service Delivery

Service delivery systems have traditionally been designed by those providing services, often with a "one size fits all" approach. New collaborative, One-Stop systems must be customer driven systems, with the services responsive to the needs of a variety of individual customers. The new model must ensure ongoing opportunity and mechanisms for customer input, especially the existence of systems and processes that assure the meaningful participation of those being served.

Recommendations for Program Development

The new paradigm requires the adoption, by individual programs, of a collective mindset to meet both individual and collective community needs. The following are recommendations:

- Multiple programs collaboratively establish a common vision.
- Agencies establish high performance teams to promote and focus on the needs of consumers. Outside facilitators should be used to help establish the teams around the parameters set by the existing agencies.
- Across programs, develop common definitions and common information to facilitate cross-program services.
- Establish information sharing systems, which enables access to information across programs yet assures that essential confidentiality and privacy is protected.

Recommendations/Implications for Education and Training

- Standards for One-Stop Systems, staffing, outcomes, and other key areas must be established and put in place. These standards must also incorporate an understanding and support for the need for specialized and tailored services for those with disabilities.
- Education of employers must occur and focus on achieving their understanding and support of the One-Stop System as a vehicle responsive to their needs. The strategy must be to engage employers early and often.

Recommendations/Implications for Needed Research

Research is limited on One-Stop Centers, especially as they may effectively serve persons with disabilities and other special needs populations. It is recommended that a research base is established on resources, accessibility, and other disability-related program issues.

Recommendations/Implications for Policy and Legislation

- Inform policymakers. Provide accurate and objective data on the experience and performance of One-Stop Centers to legislators and policymakers. Facilitate the use of this information in the revision and development of workforce policy.
- Develop and implement policy in a collaborative, cross-program manner and not by isolated program.
- Develop a core set of principles in such areas as collaboration in policy development, disability services (i.e., accessibility, accommodation, specialization, tailored to the individual, etc.) and efficiency (i.e., maximizing resources, reducing redundancy, minimizing overhead costs, etc.). Use these principles as a template for developing future legislation.

Push and Pull

Navigating Employment and SSI Policies for Young Persons with Disabilities

Hugh G. Berry, *U.S. Department of Education*

The purpose of this paper is to examine programs and policies that may influence employment outcomes for youth with disabilities. Trends and projections, federal strategic planning, legislative and regulatory changes, and three policy issues with implications for this population will be examined. Specific policy issues will focus on the use of high stakes testing for promotion and graduation, age-18 redeterminations for SSI participants, and postsecondary education access and support. In addition, recommendations for future research are provided.

Encouraging employment among persons with disabilities has emerged as a key focus of recent federal program and policy changes. In particular, the population of youth and young adults with disabilities has received increased attention due to their prospects for long-term labor force participation and the potential need for ongoing income maintenance from programs such as Supplemental Security Income (SSI). Longitudinal studies have shown that early paid employment experiences among students with disabilities are strongly associated with high school completion and continued employment after graduation (D'Amico, 1991; Wagner, Blackorby, Cameto, & Newman, 1993; Wagner, D'Marco, Marder, Newman, & Blackorby, 1992). Other research has also shown that income maintenance programs may discourage employment, even when controlling for other factors such as race, education, health, and functional limitation (Berry, 1999; Burkhauser & Wittenburg, 1996). Stated differently, participants in the SSI program are deemed to have significant disabilities that inhibit or prevent work altogether. As such, federal efforts aimed at ameliorating the cost of disability are, paradoxically, counterbalanced by policies and programs seeking to correct social, programmatic, and attitudinal barriers to employment (Berkowitz, 1987; Stone, 1984).

Participation in the SSI program has nearly tripled over the past decade, and persons receiving these benefits tend to do so for extended periods of time (Rupp & Scott, 1995). Children under the age of 18 make up a substantial portion of the increased case load of SSI participants; however, their overall participation has decreased since the implementation of the Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA) of 1996. PRWORA restricted access to the SSI program by eliminating individualized functional assessments, increasing continuing-disability reviews, and introducing age-18 eligibility redeterminations. These changes resulted in a substantial reduction of the SSI rolls for both children and adults. Nevertheless, some research has shown recent increases in the prevalence of child disability, and many families of children with disabilities are living below the poverty threshold (Fujiura & Yamaki, 2000; Hebbler & Wagner, 2000). Other research has estimated that many potentially eligible persons with significant disabilities in the United States are not currently enrolled (Doyle, Miller, & Sears, 1990; Vaughn & Wixon, 1999). Thus, more restrictive changes regarding SSI eligibility may have occurred during a period of increased prevalence of childhood disability in the United States.

Other recent legislation also contains important implications for young persons with disabilities. The Workforce Investment Act (WIA) and Ticket to Work and Work Incentives Improvement Act (TWWIIA) both emphasize the improvement of employment outcomes for working-age persons with disabilities. These laws will have direct and indirect influences on how, and the extent to which, education, training, and rehabilitation services are delivered to youth and young adults with disabilities.

Trends and Projections

Efforts to coordinate policies and programs are crucial in light of research highlighting employment outcomes and trends for youth with disabilities. Labor force projections further illustrate the important connections between education, rehabilitation, and the need to support the career development of youth with disabilities. This section will discuss selected research in these areas.

Despite the goals of increased employment and self-sufficiency embodied in the Americans with Disabilities Act (ADA) of 1990 and the Individuals with Disabilities Education Act (IDEA) of 1997, recent national data suggest a decline in labor force participation rates among youth and young adults with disabilities. Burkhauser, Daley, and Houtenville (2000) analyzed Current Population Survey (CPS) data during the 1990s economic cycles. The CPS is a nationally representative survey of more than 55,000 persons in U.S. households. In March of each year, supplemental questions were asked pertaining to disability status. Specifically, respondents were asked if persons in the household had "a health problem or disability which prevents them from working or which limits the kind or amount of work they can do?" Using this question as a definition of disability, time series analyses revealed that nearly all percentiles of men and women ages 25 to 61 years without disabilities reported increased employment and earnings during the decade's peak business cycles. However, the CPS data also showed that employment rates among persons who reported work disabilities declined by 24.5% for men and 23.7% for women from the period of 1989 to 1999. Declines in mean household income were also evident, as were increased receipt from public income maintenance programs such as Social Security Disability Insurance (SSDI), SSI, and other disability income sources.

Using a different nationally representative data set, McNeil (2000) found similar employment trends but with some caveats. The Survey of Income and Program Participation (SIPP) included a wider range of disability-related questions than the CPS. However, some of the work disability questions were modified and may have resulted in response changes across the time-series. The author also noted other possible explanations that may partially explain the surprising employment decline during an era of unprecedented economic prosperity. For example, McNeil noted that within-sample reliability issues raised questions about the results of his analyses. Nevertheless, the general finding that employment rates have declined for persons with disabilities is supported by CPS data, and these data parallel those for young working-age persons with disabilities.

Figure 1 shows that the employment rate trends among youth and young adults with disabilities have also decreased during the last decade. In 1989, youth with disabilities ages 16 to 24 years were employed at a rate of 33.4%. Although there was a notable spike in 1997, the overall employment decreased for this cohort to 28.6% in 1999. Similarly, young adults with disabilities ages 25 to 34 years have illustrated an employment rate decline. In 1989, 43.3% of persons in this age group were employed as compared to 34.5% in 1999, a reported drop of nearly 10 percentage points.

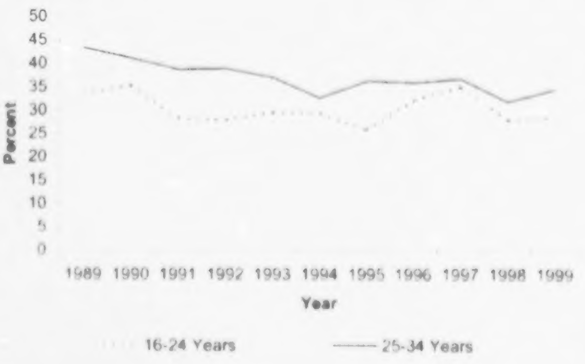

FIGURE 1. Percentage of employed youth and young adults with disabilities. Source: Current Population Survey.

Implications of the CPS and SIPP data are unclear. As discussed, measurement issues raise concerns about reliability and validity. A possible outcome of ADA implementation is the increased awareness and reduced stigma associated with acknowledging disability. If this is the case, then many persons who once received Temporary Assistance for Needy Families (TANF) but still cannot find and keep gainful employment may later acknowledge the existence of work disabilities. Research suggesting some support for this hypothesis may be found in Wittenburg, Stapleton, Fishman, and Livermore (1999). Increased self-reports of disability may therefore be influenced by changes in public opinions about disability. Parenthetically, it is important to note that both the SIPP and CPS rely on self-reported data and that the existence of a disability was otherwise not confirmed. Another possible explanation for the reported employment rate decline is that an increase in the SSI and SSDI programs may have discouraged work due to programmatic disincentives. Data illustrate that an employment rate decline coincided with an increase in Social Security Administration (SSA) caseloads (SSA, 2000a). Still, the actual numbers of working SSI youth and young adults has increased steadily since 1991, although not at the same pace as program growth (see Figures 2 and 3). The number of SSI workers under the age of 18 have also increased, with the exception of a drop that occurred for some time after the enactment of PRWORA. A third possible explanation is that job opportunities emerging in the U.S. economy may have eluded many persons with disabilities due to a lack of a quality education, particularly in geographic areas of high poverty. Labor force projections indicate that jobs will require increasing high academic and technological skills that many persons with disabilities simply do not yet possess.

The U.S. Department of Labor (DOL) anticipates that occupations with the largest job growth during the next 8 years will include computer support specialists, systems analysts, personal care and home health aides, teacher assistants, registered nurses, truck drivers, and cashiers (2000). Of these occupations, those belonging to the computer industry were of the few with substantial wage and salary increases. Further, DOL projected that jobs that do not require at least 2 years of

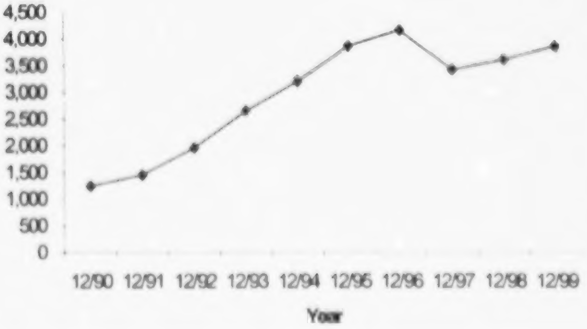

FIGURE 2. Number of SSI youth under age 18 years who work. Source: SSA administrative data.

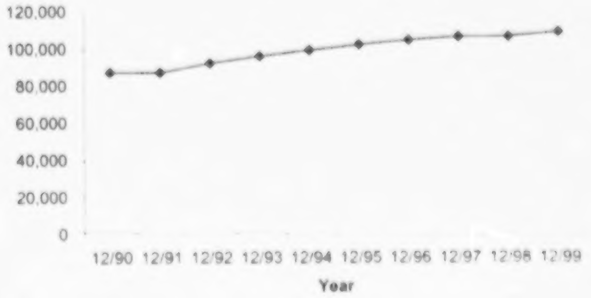

FIGURE 3. Number of young adult SSI participants, ages 18 to 29 who work. Source: SSA administrative data.

postsecondary education will increasingly produce annual earnings below the poverty level (DOL, 2000). Other research has also shown an increasing income gap among workers in the national labor force, as well as growing prevalence of childhood poverty (Fujiura & Yamaki, 2000). Evidence of childhood poverty and the prevalence of decreased earnings among working persons with disabilities may have important implications for education, employment, and continued need for income assistance and health care.

Strategic Planning

In response to the Government Performance and Results Act (GPRA) of 1993, strategic plans developed by federal agencies currently articulate goals and objectives aimed at improving employment and quality of life outcomes for young working-age persons with disabilities. Plans for the Department of Education and the SSA demonstrate this focus. Within the Department of Education, the Office of Special Education and Rehabilitative Services (OSERS) program goals include improving results by assisting state and local education agencies to "prepare (youth with disabilities) for employment and independent living" (U.S. Department of Education, 1998, p. 105). An objective under this goal is that special education students 14 years and older receive education and services that "facilitate the transition from school to work or postsecondary education" (U.S. Department of Education, 1998, p. 105). This goal and objective responds to IDEA mandates, and is connected to strategies and activities that include monitoring, technical assistance, and the professional development of general and special education teachers.

For rehabilitation and employment, OSERS' goals specify that individuals with disabilities served through the federal/state vocational rehabilitation (VR) program will achieve high-quality employment outcomes. The term *high-quality employment* for this goal may be characterized by employment that is "consistent with [the individual's] unique strengths, abilities, capabilities, and interests" (U.S. Department of Education, 1998, p. 120). Quality may also be reflected by indicators such as competitive employment, continued paid employment after 2 years of exiting the VR program, and consumer satisfaction.

Integrated within the overarching goal of assisting VR consumers to achieve high-quality employment outcomes, the Department of Education's and OSERS' strategic plan identifies transitioning students as a key population. That is, increasing the employment rate for transitioning students who enter the VR program at ages 16 to 25 years was targeted as an important performance indicator for evaluating the effectiveness of the federal/state VR program. Strategies to improve employment outcomes for youth and other VR consumers include identifying and disseminating information regarding best practices, jointly developing monitoring and technical assistance plans with state agencies, and promoting systems change through discretionary investments. In addition, programmatic strategies emphasized working collaboratively with other federal agencies including the SSA, the DOL, state education agencies, and other entities "to ensure that students with disabilities receive appropriate school-to-work transition services" (U.S. Department of Education, 1998, p. 118). The removal of work disincentives for SSA beneficiaries, such as those who participate in the SSI and SSDI programs, was similarly identified as a critical strategy for improving employment outcomes. Policy and program issues affecting transition-age SSI participants with disabilities are therefore important for addressing these goals and objectives, again because of their long-term employment possibilities and potential reliance on public assistance for extended periods of time. The SSA's FY 2000 GPRA goals focus on strengthening the national safety net and increasing employment outcomes through "valued, strong, and responsive social security programs" (SSA, 1999, p. 14). Objectives supporting this broad goal include the promotion of research-based policies that shape the SSI program in a manner that does the following:

- Protects vulnerable populations, anticipates the evolving needs of SSI populations, and integrates SSI benefits with other benefit programs to provide a safety net for individuals with disabilities; and

- Increases self-sufficiency and takes account of changing needs based on medical, technological, demographic, job market, and societal trends. (SSA, 1999, p. 14)

SSA is currently promoting program changes that would increase self-sufficiency among SSI participants and thereby decrease their dependence on cash assistance. These changes support OSERS' activities aimed at removing employment barriers, building a stronger safety net of community resources, and securing employment opportunities and long-term support for persons with disabilities. Key SSA performance goals that complement OSERS' goals and strategies include enhancing the individual's financial stability and easing the transition away from a dependence on income support programs, providing greater incentives for public and private sector providers of employment and rehabilitation services to serve SSA's beneficiaries, maximizing the employment potential of young people with disabilities, and simplifying program incentives for people who want to work (SSA, 1999).

SSA's performance goal is a 10% increase in the number of working-age SSI participants with disabilities working with a 1619(a) status. That is, SSA's performance goal targets reduced dependency through paid employment while maintaining SSI program eligibility. The effectiveness of employment strategies will also be measured by increases in the number of SSI workers with a 1619(b) status or those participants who no longer receive cash assistance but maintain SSI eligibility and Medicaid benefits. An important note is that SSA's strategic objectives do not mention the removal or reduction of persons with disabilities from the SSI caseload.

In addition to these strategic plans, recent legislation and regulatory changes have targeted the improvement of outcomes for youth and young adults with disabilities. These changes and their implications will be discussed next.

Legislative and Regulatory Changes

Key legislation and regulatory changes will likely have important education and employment implications for young working-age people with disabilities. This section will provide an overview of two pieces of legislation that will influence policies and programs for this population, the WIA and TWWIIA. In addition, recent SSI regulatory changes and proposals will be discussed. Policy issues related to these provisions will be discussed in a subsequent section.

Workforce Investment Act

The enactment of WIA will alter the way employment services are delivered, including those by the federal/state VR program. These changes will also have important implications for targeted groups of youth and young adults. Title I of WIA requires standards for a new workforce investment system guided by workforce investment boards. These boards will include individuals and representatives of groups, such as youth councils. Together, the Workforce Investment Boards will focus their efforts on targeted local areas designated by state governors. Importantly, the representation of youth in these councils as well as other board members familiar with disability and youth issues will, viewed optimistically, help to assure that this population's needs are addressed appropriately and effectively. Title I of WIA also requires that performance standards be established and identifies a range of core and specialized services that may be provided through networks of local One-Stop Career Centers. Further, Title I authorizes a series of technical assistance, demonstration, and other discretionary programs. Included among these discretionary programs is the Youth Opportunity Grants program that targets increased rates of employment, high school completion, and postsecondary education for youth living in high poverty areas. Another discretionary program under WIA is the Work Incentives Grants program that is designed to improve the capacities of local One-Stop Career Centers to provide core and intensive services for persons with disabilities, particularly those receiving SSI, SSDI, TANF, and other forms of public income assistance.

Remaining sections of WIA reauthorized previous legislation such as the Adult Education and Literacy programs, the Wagner-Peyser Act, and the Rehabilitation Act. An important thrust of these reauthorizations was an emphasis on consolidating service delivery systems under an umbrella of One-Stop Career Center networks. That is, an overarching theme of WIA is the concept of streamlined, integrated services provided for persons needing employment assistance and guidance. Therefore, WIA stresses access to services, increased consumer choice, and results-oriented accountability systems. And again, WIA specifically targets youth as a key population for enhanced service delivery.

Specific WIA provisions pertaining to youth revolve around funding and out-of-school youth, governance of Workforce Investment Boards, and accountability measures. WIA emphasizes integrated funding that is channeled into a single stream. Importantly, while decisions regarding the allocation of youth program funds are governed by the Workforce Investment Boards and local officials, at least 30% of such funds must target out-of-school youth. Further, these boards must incorporate youth councils within their organization. The councils would be responsible for planning, activity coordination, and the recommendation of service providers to be connected with the One-Stop Career Centers.

Performance accountability measures would differ according to age groupings of youth and young adults. For youth 14 to 18 years of age, measures may focus on skill acquisition, high school diplomas or General Equivalency Diploma (GED) attainment, postsecondary education access and retention, and advanced training or employment. For young adults 19 to 21 years of age, skill attainment, employment placement, retention, and earnings may be emphasized. WIA and final regulations include detailed provisions related to eligible youth, school drop outs, alternative school services, adult mentoring, summer internships, occupational learning, paid and unpaid work experiences, vocational rehabilitation, and leadership training. As discussed later in terms of high stakes testing and graduation, such activities may help encourage students with disabilities to stay in school until graduation. Further, outreach to those who do drop out of school through One-Stop Career Centers will be crucial in order to redirect these youth toward paths of continuing education, career development, and self-determination.

Ticket to Work and Work Incentives Improvement Act

A broad range of changes designed to promote work for SSI and SSDI program participants are included within TWWIIA. Many of these provisions involve removing employment barriers; namely, the fear of losing income, the fear of losing health care, and the lack of appropriate, consumer-directed services are addressed through provisions aimed at correcting these barriers and facilitating self-determination (Connolly, Marrone, Kiernan, & Butterworth, 1996; National Council on Disability, 1997). In this way, TWWIIA may assist working-age persons, including youth and young adults, to experience and possibly remain employed without economic penalty.

Because youth with disabilities more often receive SSI than SSDI (SSA, 2000), in part due to the absence of prior earnings through paid employment, TWWIIA provisions will be discussed here as they relate to SSI participants transitioning from the childhood to the adult SSI program. Title I of TWWIIA provides both SSI and SSDI participants with a "ticket," or voucher, to obtain employment services, VR services, and other supports from a chosen employment network. These employment networks are selected and approved by the commissioner of SSA based on their specific criteria and may include state VR agencies.

Employment networks under TWWIIA may include a single provider or an association of providers who will coordinate the delivery of services. One-Stop Career Centers established through WIA may serve as employment networks, and this arrangement would theoretically support the expressed intent of WIA by emphasizing the development of seamless service delivery systems. Parallel to the individualized education plan of IDEA and the individualized plan for employment of the Rehabilitation Act, authorized WIA networks will be required to jointly develop an individualized employment plan with each SSI/SSDI program participant. Again, consumer control is emphasized through informed choice in selecting an employment goal and necessary services. And, to the extent possible, coordination among school systems, employment networks, and One-Stop Career Centers may better facilitate the transition planning process by focusing on each individual's unique strengths, needs, preferences, and interests.

An important issue pertaining to the Ticket to Work provision is the extent to which employment network services are available, accessible, and preferred by young working-age persons with disabilities. Related to this issue is how employment networks and providers will need to adjust payment terms based on either consumer SSI cash payment cessation or via periodic milestone payments. These payment plans may, particularly for youth with disabilities who cannot earn above the substantial gainful activity level, result in a "creaming" effect that could pose barriers to securing needed employment and support services. Such an effect may be evidenced when young SSI participants, particularly those with more severe impairments, are not recruited or accepted by providers due to their perceived inability to become fully independent from SSI cash benefits. In addition to the potential impact on consumers, this policy scenario may also be particularly significant for state VR programs under an order of selection that requires priority service to individuals with the most significant disabilities.

Additional TWWIIA provisions need mention. Title I also provides for a program to promote community-based, work incentives planning in order to disseminate accurate SSI work incentive information. Given that the SSI work incentives are already complex and changing, the extent to which outreach and information are understood by SSA local field offices, employment service providers, teachers, rehabilitation professionals, families, and young SSI consumers will be important if work incentives are effectively incorporated in the transition planning process.

Another important Title I provision is authorization of increased availability of health care services. Many states link Medicaid eligibility with SSI eligibility, and TWWIIA allows states to expand Medicaid coverage in one of two ways. First, states may cover working-age persons with disabilities, including youth 16 years of age and older, who would be eligible for SSI except by virtue of their earnings. That is, states would be allowed to permit working individuals with disabilities and incomes above 250% of the federal poverty level to "buy into" the Medicaid program. These individuals would be required to pay premiums or other cost-sharing charges on a sliding scale based on their level of income. A second option is for states to provide Medicaid coverage to former SSI participants whose medical condition has improved but nevertheless have a medically determinable impairment as defined by the secretary of Health & Human Services. This latter option may be particularly important for youth who lose both SSI and Medicaid eligibility as a result of continuing disability reviews or age-18 SSI redeterminations.

Discretionary funds authorized through TWWIIA will allow a range of supporting activities. One such discretionary program is for grants to develop state infrastructures to support working individuals with disabilities through personal assistance services. Another program is for demonstration projects that will provide Medicaid coverage to workers with potentially severe disabilities but who are not currently receiving SSI or SSDI benefits. Finally, Title III of TWWIIA authorizes a range of supporting demonstration projects and evaluative studies to determine the impact and effectiveness of TWWIIA implementation. For all of these activities, the extent to which youth and young adult SSI participants are included and benefit from personal assistance services, Medicaid coverage provisions, and evaluation research will assist with knowledge about promising practices and guidance for future policy development.

SSI Regulatory Changes

Several regulatory changes and proposals for changes may have important influences on the willingness of youth SSI participants to pursue paid employment. For example, SSA increased the substantial gainful activity (SGA) level from $500 to $700 per month effective July, 1999. As suggested by literature showing that the median earnings of young adult SSI participants was $500 per month prior to this change, the previous SGA level may have served as an artificial inhibitor to increased earnings (Berry, 1999). Until this regulatory change was made, the $500 SGA level had not increased in over a decade. SSA also recently published a notice of proposed rulemaking that would automatically increase the SGA level according to an annual national wage index (SSA, 2000). This proposed change would provide a more systematic and timely method of increasing the SGA level and, in theory, continue to encourage work among younger SSI participants and others over time.

Another proposed change targets the Student Earned Income Exclusion (SEIE) for SSI participants ages 14 to 22 years. Currently, the SSI assets restrictions may discourage savings that could assist individuals to plan and prepare for increased independence. That is, with the exception of the underutilized Plan for Achieving Self Support (Berry, 1998; Bruyere, Ferrell, & Golden, 1995), the inability to meaningfully save earned and unearned income for one's future educational, residential, and career goals may discourage initial and continued paid employment experiences. Under current regulations, SSI participants can exclude up to $400 per month of earned income without exceeding an annual limit of $1,620. Proposed SEIE changes would raise the earned income exclusion to $1,290 with an annual limit of $5,200. Similar to the proposed SGA change, cost-of-living increases would automatically be applied with this proposed regulatory change. If this proposal is finalized, SSI participants would have much more flexibility to work and save toward their educational and career goals. How this change would interact with existing legislative changes is less clear, however. For example, if a 16-year-old SSI participant engages in paid employment that exceeds the SGA level, the fact that she demonstrated work as a child SSI participant may negatively affect the likelihood of continuing her SSI eligibility during the age-18 redetermination process. Also, as provided with the Ticket to Work program of TWWIIA, the ability of employment networks to provide services when an individual's cash benefits fail to decrease may discourage providers from serving younger SSI participants.

Selected Policy Issues

In the context of these legislative and regulatory changes, numerous policy issues have important implications for youth with disabilities. For the purposes of this paper, selected issues will focus on age-18 redeterminations, high stakes testing and graduation, and access to postsecondary education. These three issues will be discussed as they relate to their potential influences on the educational and employment outcomes for this diverse population.

Age-18 Redeterminations

PRWORA substantially changed the SSI program for children and youth with disabilities. Because stricter eligibility criteria of PRWORA were applied through reviews or redeterminations, many children and youth were removed from the SSI program. SSI eligibility ceased for a total of 15,000 children under 18 years of age, reflecting 42% of all childhood redetermination decisions (SSA, 1998b). PRWORA also required redeterminations for youth receiving SSI benefits within 1 year after reaching age 18. At this age, childhood eligibility criteria are replaced with those for adults, and these criteria place an emphasis on the individual's capacity to earn cash through paid employment. As a result, 56% of the 62,000 age-18 redeterminations were recommended for cessation nationally.

The high numbers of children and youth with disabilities removed from the SSI program may have increased fears of losing program eligibility among those who remain on the rolls. Again, as shown in Figure 2, there was a noticeable decline in the numbers of SSI participants under age 18 beginning in 1996. There may be different explanations for this decline; however, the self reported fear of losing SSI or Medicaid benefits may have influenced purposeful restraint of work activity. Transition-age participants over 18 years of age may also eschew paid employment to avoid triggering a medical improvement review. Such concerns are critical in the context of TWWIIA and SSI regulatory changes that are designed to encourage employment and increased economic independence.

In addition to employment considerations, the wide variability of cessations across states and disability types has prompted questions regarding programmatic equity, assessment validity, and quality of life for transition-age persons removed from the SSI program (Work Incentives Transition Network Policy Group, 1999). Table 1 shows initial age-18 redetermination cessation rates by state. Of the 61,000 cases reviewed as of December 1998, SSI eligibility for more than half

TABLE 1
Initial Age-18 Redetermination Cessation Rates by State

State	Number	%	*z*
Louisiana	3,286	77.3	2.497
Arkansas	1,328	75.4	2.306
Mississippi	2,098	73.3	2.096
Kansas	522	67.2	1.483
Alabama	2,210	66.9	1.453
Missouri	1,394	65.2	1.282
Oklahoma	768	62.2	0.981
West Virginia	702	61.0	0.860
Wisconsin	1,215	60.7	0.830
Ohio	3,285	60.4	0.800
New York	4,895	60.2	0.780
Montana	162	59.3	0.689
Tennessee	1,760	58.5	0.609
Florida	3,324	57.5	0.509
Illinois	3,336	57.5	0.509
Indiana	1,228	56.8	0.438
Kentucky	1,680	56.6	0.418
Virginia	1,270	56.5	0.408
South Carolina	1,303	56.0	0.358
Iowa	503	55.1	0.267
Georgia	1,838	54.7	0.227
New Mexico	408	53.9	0.147
Delaware	148	53.4	0.097
Texas	3,553	53.3	0.087
New Jersey	1,358	53.0	0.057
Maryland	680	51.3	−0.114
Pennsylvania	2,841	51.1	−0.134
Colorado	507	50.1	−0.235
Wyoming	64	50.0	−0.245
Michigan	2,480	49.9	−0.255
Alaska	49	49.0	−0.345
Rhode Island	185	48.6	−0.385
Oregon	363	48.5	−0.395
North Carolina	1,721	48.1	−0.436
Vermont	93	47.3	−0.516
Idaho	258	46.9	−0.556
DC	125	46.4	−0.606
Nebraska	233	46.4	−0.606
Nevada	147	46.3	−0.616
Massachusetts	1,028	44.1	−0.837
New Hampshire	102	44.1	−0.837
Connecticut	321	43.3	−0.918
Utah	248	42.7	−0.978
Arizona	636	42.5	−0.998
Washington	629	41.5	−1.099
South Dakota	150	40.7	−1.179
Minnesota	560	40.0	−1.249
Maine	186	38.2	−1.430
California	4,426	38.0	−1.450
North Dakota	82	36.6	−1.591
Hawaii	65	30.8	−2.173

(52.4%) was ceased. Rates ranged from 77.3% to 30.8%. Standardized *z*-score transformations were performed in order to examine the relative distribution of cessation rates. With *z* scores, the mean is converted to zero, and transformed scores show how many standard deviations each value is above or below zero given the specified distribution; *z* scores showed that the cessation rates of several states were more than 2 *SD* from the mean. Louisiana, Arkansas, and Mississippi showed cessation rates that were substantially higher than average 77.3%, 76.4%, and 73.3%, respectively. At the opposite extreme, the cessation rate for Hawaii was 30.8%. Nine states exhibited cessation rates that differed by at least 1 standard deviation from the mean: Kansas, Alabama, Missouri, Washington, South Dakota, Minnesota, Maine, California, and North Dakota. Despite wide variability, these data show a concentration of high cessation rates among states in the South; states in the Midwest had rates that were somewhat below the national average.

Given the high variability of cessations and risk of losing important cash and Medicaid benefits, one existing regulation that may offer some protection for transitioning SSI participants is known as "Section 301." Originally contained in Section 301 of the Social Security Disability Amendments of 1980, Sections 225(b) and 1631(a)(6) of the Social Security Act currently allow continued cash benefits for SSI participants whose impairments are no longer considered to preclude work at or above the substantial gainful activity level. Conditions under this provision require that the individual participate in an approved VR program and that the completion of this program would likely result in permanent removal from the SSI program. In addition to rehabilitation programs available through state VR agencies, approved programs may also potentially include employment networks, One-Stop Career Centers, and other public or nonpublic providers. As with employment networks, a key question is the extent to which local education agencies responsible for the delivery of IDEA transition and career development services may function as approved rehabilitation service providers.

The historical background of the SSI program and implementation of current welfare reforms have resulted in marked and variable reductions in the numbers of transition-age SSI participants who maintain eligibility as adults. Redeterminations and appeals are still under way, and SSA has not released any additional data regarding redeterminations since 1998. However, in theory, several factors could partially explain cessation rate variability. First, relaxed eligibility criteria and increased outreach activities following the Zebley decision may have resulted in the overidentification of childhood SSI participants. Given the political pressure to implement individualized functional assessments quickly and allow more children with disabilities into the SSI program, some states may have allowed children into the SSI program whose disabilities did not fully meet specified eligibility requirements. If this hypothesis is true, then the equitable implementation of PRWORA reforms would result in variations across states due to the correction of prior overidentification errors. A second possibility is that child medical improvements differed across states. Such improvements may have occurred due to medical, therapeutic, or other interventions, or perhaps through natural childhood maturation. Supportive environments for growth and development, along with access and utilization of effective interventions, may also differ across states and therefore influence SSI eligibility for some individuals. Another explanation for varied age-18 cessation rates may also be the underidentification of persons who are eligible. The legislative history of the SSI program suggests that the expansion and contraction of SSI eligibility criteria, along with the implementation of eligibility revisions, is influenced by social, political, and organizational trends (Derthick, 1990; DiPentima, 1984, 1995; Georges, 1995). Further, other research shows, at least for adult SSI participants, that substantial numbers of persons eligible for SSI benefits fail to apply or access these services (Vaughn & Wixon, 1999). Recent welfare reform efforts have emphasized the removal of persons with disabilities from income maintenance programs such as SSI, and cessation rates may partially reflect subjective decisions made when documented information is lacking or when information fails to accurately portray the impairments and functional capacities of transitioning SSI participants. These hypotheses warrant further investigation to help ensure that SSI participants receive equitable, objective disability evaluations during the age-18 redetermination process.

High Stakes Testing and Graduation

Education reform statutes, social and political concerns, and employer needs, have in recent years converged to bring about dramatic changes in the form of high stakes testing. With the aim of improving the quality of public education and accountability, many states have adopted the use of tests for promotion and graduation purposes. Additionally, high stakes tests are employed as tools for measuring the effectiveness of teachers, administrators, and schools. Macro advantages for high stakes testing efforts include increased focus on improving academic performance of students, redirecting attention and resources to low performing schools, and the potential for bolstering social and political support for public education. On the other hand, this movement could also diminish support for public education if low performing schools and districts cannot produce substantial change according to established standards or criteria. Also, the pros and cons pertaining to students with disabilities, students with low English proficiency, and students who otherwise may struggle with passing such tests are equally important as overall gains in test scores.

IDEA requires that students with disabilities participate in standards-based, norm-referenced or criterion-referenced testing, as required for students without disabilities. Accommodations may include extended time for tests, different testing formats (e.g., interpreter services, braille, reader or scribe services), and use of technology such as spell checkers or calculators. Decisions regarding the use and appropriateness of such accommodations are not easy and embody professional, educational, and ethical implications. Alternate assessments are provided for students who cannot meaningfully participate in regular assessments. Such assessments may include portfolios, life skills checklists, or other measures of student performance. Estimates of participation in alternative assessments have been reported as less than 2% of the total public school population, or 20% of students with disabilities (Thurlow & Johnson, 2000).

For other students who may be required to take tests for graduation purposes, the potential for negative outcomes are substantial and stirring. In an exploratory analysis of the relationship between high school graduation requirements and graduation rates for students with disabilities, Carlson (1998) used 1994–1995 state graduation rates from the Office of Special Education Program's administrative data and graduation data from the National Center on Educational Outcomes. By state, graduation rates were calculated by dividing the number of students with disabilities who graduated with a diploma in 1994–1995 for the total number of students with disabilities ages 17 through 21 years. IDEA students with learning disabilities, speech and language impairments, mental retardation, or emotional disturbance were analyzed. All other disabilities authorized under IDEA were combined in an "other" category. In addition to descriptive statistics, logistic regression modeling procedures were applied to control for differences in disability and graduation requirements such as earned credits, individualized education program completion, and exit exam performance. Importantly, regression analyses did not control for educational expenditures, school leadership, teacher quality, or other factors that may also influence graduation rates and student outcomes (Halloran, 2000; Johnson, 2000).

Descriptive analysis results of this study are presented in Table 2. As shown, students with mental retardation graduated less often in states with exit exam requirements as compared to those requiring only earned credits (9.4% vs. 15.4%). Students with learning disabilities, speech or language impairments, emotional disturbance, and other disabilities also showed differences according to exit exam requirements. Logistic analyses controlling for the relative influences of these factors showed that exit exam requirements were, given the employed model, negatively associated with graduation for special education students.

Findings from the National Longitudinal Transition Study have shown that repeated course failure increases the likelihood of dropping out of school (Hebbler, 1993). Further, this study estimated that the dropout rate was estimated to represent roughly a third of all special education students, and those with learning disabilities, emotional disturbances, and mental retardation exhibited still higher rates of exiting secondary education prior to graduation. More recent reports from states requiring high stakes tests as a condition of graduation show still more disturbing data and trends regarding

TABLE 2
Percentage of Students with Disabilities Ages 17 to 21+ Graduating with a Diploma, by State Graduation Test Requirements: 1994–1995

Disability type	States w/exit exam	States w/out exit exam
Mental retardation	9.4	15.4
Emotional disturbance	19.0	21.8
Specific learning disabilities	27.3	29.5
Speech or language impairments	24.8	37.5
Other disabilities	15.6	17.3
All disabilities	21.4	24.5

Source: Carlson (1998)

dropout rates (U.S. Department of Education, 2000b). Related research has also suggested disparate dropout rates and graduation rates for students with limited English proficiency, minorities, and those living in areas with high poverty (Madaus & Clarke, 1998; McNeil & Valenzuela, 1998). Negative outcomes associated with dropping out are well established for both students with and without disabilities (D'Marco, Marder, Newman, & Blackorby, 1992; U.S. Department of Education, 2000b). Specifically, unemployment, poverty, teenage pregnancy, reliance on public income assistance, and arrests and involvement with the judicial system are linked with dropping out of high school.

Issues around high stakes testing are emerging at a rapid pace and have been highlighted by educators, parents, students, and disability advocates as an important area for re-examination. Although many policymakers increasingly emphasize accountability and stringent promotion and graduation requirements, potential effects of these changes should also highlight equity, curricula implications, and high school completion. Vocational education, contextual learning, and paid employment experiences during high school may be sacrificed when academic subjects are overly stressed for the purpose of passing a single exam. Still, such experiences have been shown to enhance learning across academic areas. Anecdotal reports suggest, however, that vocational education programs that have demonstrated promising practices and outcomes in the past are increasingly eschewed because students are competing to achieve state-defined criteria for graduation (New York Department of Education, personal communication, July 2000; U.S. Department of Education, 2000a). Within this scenario, the concept of individualized education programs appears lost, and it is unclear whether the advantages for such education reform outweigh the disadvantages as far as students with disabilities are concerned. And yet, emphases on standards or norm-referenced tests may help some students with disabilities to increase their chances for success in postsecondary education by increasing their academic preparedness.

Postsecondary Education Access

As discussed, labor force projections emphasize an increased need for postsecondary education in order to attain employment positions that yield earnings above established poverty levels. However, analyses of the National Education Longitudinal Study of 1988 (NELS:98/94) showed that most high school students with disabilities were not adequately prepared for a 4-year college education (U.S. Department of Education, 1999). As compared to 37 % of students without disabilities, 57 % of students with disabilities who completed high school in 1994 were not qualified according to their performance as ranked by GPA, senior class rank, SAT/ACT scores, and aptitude testing. Further, students with disabilities who were at least minimally qualified for a 4-year college or university program were significantly less likely to participate in these programs when compared to nondisabled students with similar academic potential. Qualified undergraduates with disabilities instead frequently veered toward 2-year postsecondary programs rather than 4-year college and university programs (U.S. Department of Education, 1999, p. 34). To maximize the employment potential of youth with disabilities through education, the extent to which postsecondary education and training made available for qualified youth with disabilities will be an important issue for vocational rehabilitation agencies, employment networks, and One-Stop Career Centers. Moreover, outreach and services for youth who fail to graduate from high school will likely entail aggressive and sustained efforts in order to guide these students to GED completion or other viable choices for continuing education and employment.

The increasing importance of postsecondary education underscores the importance of facilitating persistence and degree attainment. A nationally representative survey of 2- and 4-year postsecondary education institutions showed that alternative exam formats or extended time, tutors, scribes, and adaptive technology were among the most frequently provided accommodations and supports for students with disabilities. Although this study provided important benchmarks for demonstrating how the needs of students with disabilities are addressed, the effectiveness of these provisions toward increasing retention, academic, and degree attainment is unclear. Policy questions focusing on future needs and the reasonableness of provided services and accommodations could be better addressed if reliable, ongoing data collection efforts were pursued.

The role of vocational rehabilitation is another issue that needs further exploration. Analyses of an RSA longitudinal database show that VR consumers gain increased employment outcome rates as well as higher wages and earnings depending on their level of postsecondary education experience (Hayward, 1998b). Logistic regression analyses of the National Health and Interview Survey Disability Supplement revealed that reports of education beyond high school more than tripled the likelihood of employment among young adults with significant disabilities, even when controlling for other factors such as demographic characteristics, functional limitations, vocational rehabilitation, and SSI participation (Berry, 1999). More information is still needed to determine the relative efficacy of vocational rehabilitation services for postsecondary students with disabilities, and the advent of TWWIIA and WIA underscore this need.

Conclusions and Recommendations

Promoting employment for persons with disabilities while ensuring adequate safety are complementary goals that should be balanced. The purpose of this paper was to examine the push and pull of these goals for youth and young adults with disabilities in the context of current trends and projections, federal strategic planning, legislative and regulatory changes, and specific policy issues.

As discussed, current employment trends and projections suggest growing challenges for persons with disabilities, educators, and rehabilitation professionals. Policies and programs designed to improve the educational, rehabilitative, and employment outcomes of young persons with disabilities should continue to focus on individual strengths, abilities, and interests. Removing barriers to employment will necessarily require that income, health insurance, and other benefits are maintained and improved as a result of paid work. Changes linked to WIA and TWWIIA implementation will provide opportunities and challenges toward these aims. And additional research will help determine the extent to which employment and quality of outcomes improve as a result of these changes.

Future research should consider several specific areas relating to transition-age persons with disabilities. First, as mentioned, research should evaluate the effectiveness of changes brought about by WIA and TWWIIA with regard to young persons with disabilities. Analyses should determine the effectiveness and quality of investments to assist persons with disabilities in entering and remaining in the workforce. Second, the effectiveness of VR services for transitioning SSI participants should be further examined. The interaction of SSI and differing types of rehabilitation services should be investigated for young persons transitioning from secondary education to postsecondary setting. Factors such as motivation, self-esteem, and willingness to work for transition-age participants receiving vocational rehabilitation services and income assistance should also be examined. Fourth, research examining the roles of education, rehabilitation, employment network, and One-Stop Career Center service providers should identify effective technical assistance strategies that may assist young persons with disabilities and their families in negotiating SSI work incentives. Finally, research is needed regarding the postschool outcomes of SSI participants whose benefits are continued or ceased as a result of the age-18 redetermination process. This research should necessarily focus on long-term employment, quality of life, and independent living outcomes of these potentially vulnerable populations.

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AUTHOR'S NOTE

This paper does not necessarily reflect the views of the U.S. Department of Education or anyone other than those of the author.

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Reaction Papers to Berry

Douglas K. Langham

Dr. Berry's paper provides an excellent discussion of the many issues and challenges involved in establishing programs and policies that effectively promote employment for young persons with disabilities while ensuring an adequate safety net for those individuals. I agree with the author that "these are complimentary goals that should be balanced" and that programs and policies for young people with disabilities "should continue to focus on individual strengths, abilities, and interests. In that context, I would like to comment on two specific concerns related to career preparation programs for students in special education.

Career preparation programs in school systems are now expecting middle school students to select from six different career pathways, which they will follow through graduation. In response to increasing employer calls for higher-skilled workers, there is much competition among students for access to high tech careers, and preference is often shown to those students. Vocational educators and transition coordinators in the school systems have not done a good job of identifying students with special needs, and as a result, those students do not benefit from the career preparation program. Supports and accommodations are necessary for students with special needs to ensure that all students will achieve all they possibly can.

Vocational experiences beyond the classroom are also very beneficial for students in special education to help them to understand what is expected of them in a real work setting. Students who are involved in community-based work experience and training programs are much more prepared to compete in the world of work. Such real-world experiences are important to students in special education who may pursue less technical careers and benefit more from hands-on training than from classroom instruction. However, students in special education have not had sufficient access to such programs in the past, and there is concern that they may be denied such opportunities in the future given the major focus on technology in the workplace.

In the developing workforce system, it will be important to ensure that timely information and knowledge regarding accommodations and assistive technology is made available to vocational educators and transitional coordinators in school systems and that students in special education have sufficient access to community-based work experience and training programs. Addressing these special needs will help to level the playing field for students with disabilities who are preparing to enter the world of work.

Lahoma Schultz

> Understanding human needs is half the job of meeting them.
>
> —Adlai E. Stevenson, Jr., speech in
> Columbus, Ohio, October 3, 1952

According to the most recent U.S. Department of Labor (DOL) statistics, young people are already a substantial part of the labor force. It is estimated by the DOL that 15 million youth between the ages of 16 and 24 are not in school, 70% of them have a high school diploma or less, and 5 million of them live in distressed communities. The DOL is making a concerted effort to tap into this major resource through the development and implementation of the Youth Opportunity Movement. The federal government has initially invested $1 billion in this program. The money will be used to partnership with private businesses to invest in community programs to train young people. Employers will benefit from a prepared, skilled workforce and a large base of consumers for future products. As the Workforce Investment Act of 1998 was being enacted, the DOL was awarding Youth Opportunity grants to qualifying communities, therefore, enabling the communities to establish "one-stop" service centers where youth have access to various services and resources and where they are able to form community-wide partnerships. The program takes a holistic approach and does not focus on just a "part" of the problem but on all aspects such as personal, social, academic, and professional challenges for young people. There are high outcome expectations for this program.

The DOL was also involved in creating the $3 billion Welfare to Work grants program for states and local communities. The DOL statistics indicate that approximately 50% of those on welfare have at least a high school diploma; 43% are high school dropouts; approximately 50% are less than 25 years old; the majority have only one child; 56% have never been married; 50% do not own a car; 56% have experienced domestic violence; 10% to 15% have disabilities that limit their employment; 29% are unemployed or not in the labor force; and many have poor health and experience depression. In their recent review of state welfare programs, the U. S. General Accounting Office (GAO) has found that many of the recipients worked in jobs that were short-term and low paying. The GAO also found that 18% to 30% of these families returned to welfare.

Although these statistics were not generated by Dr. Berry, he has given us a thorough report of the trends and projections, federal strategic planning, legislative and regulatory changes, and specific policy issues. It seems we now have a good understanding of the needs, which is "half the job of meeting them"; therefore, we now need to put into action the three C's—cooperate, collaborate, and coordinate—to meet the needs.

Lynnae M. Ruttledge

The paper by Dr. Berry serves to effectively illuminate the maze that persons with disabilities experience in navigating the existing benefits and services systems. With a specific focus on young persons with disabilities, the paper brings to light the complexity of the existing SSI/SSDI system and other employment policies/programs. As referenced toward the end of the paper, addressing the "factors such as motivation, self-esteem and willingness to work" offers the greatest opportunity to impact the outcomes for this critical group.

The promising practice of mentoring would offer a potential solution to the issues associated with youth with disabilities who leave school prior to graduation. Having access to positive role models may have a dramatic and positive impact. Mentor/role models may be those who have successfully completed youth leadership training, graduated from secondary education, are currently employed or pursuing further education and/or training, or those who have utilized vocational rehabilitation and other workforce systems. Mentors could also help link youth with disabilities and their families to skilled benefits planners for accurate information.

Kathy T. Williams

Although some programming for youth with disabilities has improved, high school drop-out rates, unemployment, and poverty continue at staggering rates. This country has delivered two very different messages to youth and adults with disabilities and sent money and paid health care with one of the messages. The first message is dependence; the second is independence. If the second message is chosen, the money and health care disappear. Which message would you choose to hold dear to your heart? The Individuals with Disabilities Education Act (IDEA), the Rehabilitation Act, the Workforce Investment Act, the Ticket to Work and Work Incentives Act, and the Americans with Disabilities Act (ADA) will surely cause a positive change in these rates over time. How do we jump-start the process?

Adult consumers with disabilities and youth with disabilities must serve on state and local Workforce Investment Boards to educate other members and local politicians and to advocate policies of equal access, opportunity, job training, and paid summer employment. Demonstration grants could be awarded to persons with disabilities to test every One Stop for access.

The most distressing data Berry shares is that youth with disabilities are in ever greater peril in this country—no jobs, no education, no hope. Perhaps that is overstated a tad. But, if all the new legislation, and IDEA and VR and ADA have not changed the employment rate for youth with disabilities, we must bring new, enthusiastic fiscal and human resources to bear on the problems causing this dilemma. Immediately.

William E. Kiernan

Berry's paper reviews in considerable detail the implications of the new legislative initiatives on the transition of students with disabilities from school to employment and or postsecondary settings. There is a clear need to develop effective programs and practices that support the movement of students into real work settings once they have completed their formal education program. Berry presents some of the dilemmas to the transition process and the limitations in the actual outcomes for these students.

The challenge is one that has been reported on for more than a decade. The issues or root of the problem remain not fully understood. Some of the issues reflect the limited expectations on the part of the individual, family members, and educators about future roles in work for persons with disabilities. The continued use of recommendations for sheltered or nonwork settings in individual transition plans documents the ongoing underestimation of the potential of these students in jobs. The challenges of the current federal system regarding benefits and risks to such benefits has certainly played a role in the entry into employment for youth during their school years. The issues of redetermination at age 18 have served to further complicate the work scene for students with disabilities.

The passage of TWWIIA and the development of a more integrated employment service (One-Stop Career Centers) may have an impact on the access of real jobs or the reduction in the perceived risks to employment for some. It will be essential that training and technical assistance be available to school personnel, One-Stop staff, and community programs if there is to be a chance for any change in the current employment rates for students who are exiting schools. The involvement of school personnel in Workforce Investment Boards has not been clear nor has the involvement of students as members of the Youth Councils.

The challenges of increasing the process of transition will require an ongoing effort at the federal level to train, develop, and document practices that address this issue. One-time or short-term interventions of 2 to 3 years will have little impact on education reform or transition planning for students with disabilities. There must be a clear and meaningful role for educators with the One-Stop Career Centers, simple and workable guidance relating to the new SSA policies, and a coordinated effort to involve the One Stops and their mandated partners in the development of transition plans, services, and supports at a local level.

The passage of legislation and the development of regulations or policy guidance is just the beginning of the process. There will need to be ongoing training, technical assistance, and documentation of impact if there is to be an significant change in the outcomes for students with disabilities at the local levels. Berry has outlined a number of next steps within this process at the end of his article.

Leona H. Liberty

Implications for legislation and policy: Studies have found that employment-based programs for students eligible under Supplemental Security Income guidelines have long-term fiscal benefits. Thus, policymakers must continue to review laws and enactments that foster independence through employment for youth with special need, and also sponsor transition programs that would result in high-quality employment. Also, health-care services that expand Medicaid coverage, even if working, plus other disincentives or barriers to employment must be reviewed, condensed, and updated on a regular basis.

Implications for research: Reliability and validity of studies that show a decline in labor force participation among youth and young adults with disabilities have been questioned. Thus, models that describe disability might need revamping. Moreover, rehabilitation engineering techniques and devices that reduce handicapping conditions, thereby paving the way for youth to obtain higher paying jobs, must become a focus for research.

Implications for service delivery: Workforce Investment Boards must specifically target youth as a key population for service delivery, and boards must include youth councils. Thus, cooperation among and between generations is essential for quality services to result. In this regard, professionals might need advanced or specialized training to work in a partnership model with others who have different and diverse values, interests, and agendas. Too, as the fastest growing and better-paid jobs are found in the computer industry, highly trained staff must be available to teach and inspire youth to select a career that would foster income independence, over and above the poverty line.

Implications for program development: Programs that encourage staying in school until graduation must be critically reviewed for their success. In addition, One-Stop Career Centers must be well-known and well-accepted community entities to attract dropouts and encourage them to receive education and training that would result in satisfactory employment. Incentives for technology-based programs that would accommodate individuals with disabilities acquiring skills to work in the computer industry must be a focus for program development.

Implications for training and development: The primary focus of training programs must be on individual uniqueness, strengths, needs, preferences, and interests. That is, the monetary aspects of a career should not be emphasized over other criteria.

Other issues: Many laws exist that encourage youth to seek and be trained for self-sufficient employment. However, wording might need to be simplified to permit full understanding of these laws by consumers.

Small Group Recommendations Based on Berry

Implications for Service Delivery

- Initiate earlier input/involvement by Vocational Rehabilitation (VR) in the Individualized Education Plan/Individualized Transition Plan (ITP)
- Focus on prevention and outreach to individuals who drop out: explore the role for One Stops in serving this population
- Foster collaboration, coordination, cooperation between partners
- Increase training of professionals/partners on service options
- Have teachers talk about/think about career planning at elementary school level
- Include integrated employment in the ITP (transition plan) goal
- Develop peer mentoring approaches
- Have technology and assistive devices included in transition planning
- Assure active student involvement/leadership in the ITP process
- Include benefits planning in the ITP process
- Assure strategies that address the diversity (cultural, ethnic) of students with disabilities

Implications for Program Development

- Establish mentoring programs
- Establish/develop apprenticeship programs
- Ensure a focus on community-based work experiences and employment in real work settings
- Provide a federal funding pool to support models and demonstrations of One-Stop centers
- Request preference points for proposals that include representatives from education, Vocational Rehabilitation, and One Stops
- Develop information fact sheets for students and families on One Stops and Ticket to Work, Work Incentives Improvement Act legislation benefits

Implications for Education and Training

- Address preservice in higher education (general education, special education, VR, other disciplines); all teachers (general education, special education) need to address transition, benefits, Rehabilitation Act: Vocational Rehabilitation counseling curriculum needs to include information on the Individuals with Disabilities Education Act benefits
- Focus on in-service Supplemental Security Income/school transition strategies, Vocational Rehabilitation services, One Stops, and other workforce partners. Identify ways to ensure shared staff development with schools' personnel and VR
- Address education and training needs of consumers. We do this via possible links with self-advocacy organizations and efforts with Centers for Independent Living, coalitions of citizens with disabilities (nationally: CCD), and PTIs: include information on applicable laws, how to use One Stops, how to access benefits planning
- Consumers: Develop strategies for youth leadership training; address expectations (consumers and families); address attitudes (consumers, families, school personnel, employers)
- Identify the emerging workforce professions; develop focus on high technology careers
- Include workplace accommodations and adaptive accommodations in school curricula
- Use research findings to direct training
- Provide One-Stop staff with education and training on accommodations, disability awareness, benefits planning

Implications for Research

- Utilize research to inform training
- Use PTIs to access parents, students with both qualitative and quantitative studies
- Implement longitudinal studies on SSI recipients who are children moving into adulthood

(track over time from youth through transition into employment)
- Identify research on what is included in transition plans (identify what is in the recommendations)
- Develop a report card on transition efforts in states
- Explore what factors enhance change. How long does it take to achieve systems change? If a state redirects money/resources, what is the impact on policy change and program redirection?
- Establish standards for workplace performance (measure youth)—high stakes assessment
- Develop alternative assessment methods to measure the performance of students with disabilities
- Look at "work first" placement/training approaches versus training and placement approaches (look at wages, satisfaction, upward mobility)

Implications for Policy/Legislation

- SSI redetermination for 18 year olds
- Change income set-asides—allowable earnings (impact on student earned income; ticket-expend age for exclusion—extend to 26 years old)
- Clarify the age individuals may become eligible for Ticket to Work
- Represent youth with disabilities on youth councils
- Include representation of VR administrator on state Workforce Investment Board
- Arrange for ITP (transition plan) to only include goal of integrated employment as desired outcome
- Ensure joint training involvement of VR and schools in ITP process (determine how to fund it)

Other

- Simplify the systems to guarantee more success

Keep in mind "No jobs, no education, no hope."

ADDITIONAL THOUGHTS

The Political Implications of TWWIIA

Bruce S. Growick

The politics of change are never easy. In the case of developing new legislation in Social Security, entitled the Ticket to Work-Work Incentives Improvement Act (TWWIIA), this statement is especially true. The passage of TWWIIA was a result of negotiation and compromise, which is not unusual in producing legislation. However, TWWIIA is special in that it embodies two major paradigm shifts in our society: (a) the creation of a national health-care system, and (b) the privatization of public services (Growick, 2000). It is somewhat ironic that these two major issues of national interest, one from the political left and the other from the political right, should collide in the development and passage of TWWIIA. But they have.

During the long process of Congressional hearings, government reports, and bill rewrites, these major issues were often side-stepped or circumscribed. For example, as far back as the 1980s when the Social Security Administration (SSA) commissioned studies to explore the feasibility and effectiveness of the private-sector in delivering rehabilitation services, the issue of complementing the services of public agencies was downplayed (Weaver, 1986). Indeed, the results of those studies that demonstrated the positive impact of private services were not released as thoroughly as they could have been. In fact, except for the perfunctory government reports, the issue of private sector rehabilitation complementing the public sector has been thwarted (Weaver, 1994). Likewise, the extension of government-supported health care to individuals who are not indigent and "on welfare" has been clearly problematic. For the first time, government-supported health care, namely Medicare and Medicaid, was extended to individuals who are not unemployed. A major political issue of the 1990s was national health-care reform, in which affordable healthcare for everyone in our society was triumphed as a necessity. However, for a variety of reasons, the Clinton–Gore administration failed to convince the Congress and the public of the superiority of national health care over the current medical delivery system.

With the passage of TWWIIA, national health care and the privatization of public rehabilitation services have come again to the forefront. Although the issue of disability and employment has concerned society for many years, it was the fiscal crisis of the SSA that forced the government to look at the way it was supporting return-to-work efforts of individuals with disabilities and how rehabilitation services can be best delivered. The government and disability advocates now have the opportunity to demonstrate that the extension of health care and the deregulation of rehabilitation services can improve the unemployment rate of individuals with disabilities. It will not be easy, however. Political and bureaucratic changes never are, especially when legitimate questions could be raised about the appropriateness of establishing a national health-care system. Many U.S. citizens are instinctively skeptical of the motives of the profit-making individuals and organizations who would benefit from deregulation.

Health Care

The challenge of providing health care to Supplemental Security Income (SSI) recipients who return to work is a difficult one. Recipients of SSI receive Medicaid as part of their benefits. Medicaid is administered by the states in which the recipients reside, not by the federal government. As such, it will take a change in state law to allow SSI beneficiaries who take advantage of the new Return To Work (RTW) services of TWWIIA to receive an extension of health-care benefits. Obviously, some states will embrace this opportunity to extend health care to those citizens who want to help themselves. However, some states might see this new law as an intrusion into one of the basic principles of our society: personal responsibility for health-care coverage. If the federal government forces the states to provide health-care coverage to those who are working, regardless of their level of pay, then it might be able to do so for everyone. The politics of state sovereignty and states' rights will be tested by TWWIIA. It will be interesting to see who prevails.

Private-Sector Rehabilitation

The deregulation of an industry is also never easy, especially when it is a governmental entity. In the case of rehabilitation services, the state–federal rehabilitation system has had a monopoly on the delivery of rehabilitation services for SSA beneficiaries ever since the 1960s when SSA extended its coverage to persons with disabilities as well as to retired people (Berkowitz & Dean, 1996). Back then, an exclusive agreement was developed between SSA and the state–federal rehabilitation system so that SSA would not have to create its own system of rehabilitation delivery. This "sweetheart deal" was initially engineered by the venerable Mary Switzer, who was director of the state–federal rehabilitation system at that time. It was envisioned and reasoned that the existing national system of vocational rehabilitation could help SSA beneficiaries return to work. But unfortunately, the agreement has been fraught with difficulties, as has been chronicled by the United States General Accounting Office (GAO, 1987, 1997).

One of the most troublesome aspects of the agreement is the fact that reimbursement for services provided to SSA beneficiaries is made to the Rehabilitation Services Administration (RSA) regardless of outcome. That is, it doesn't matter whether the SSA beneficiary has returned to work as a result of the services rendered. As long as a beneficiary received RTW services from a state–federal rehabilitation office, RSA obtained reimbursement for those services. Another troubling aspect of the arrangement, which has developed over the years, is RSA's "order of selection." In the late 1970s, RSA developed regulations stipulating that persons with severe disabilities would receive priority in receiving services. This "order of selection" for services was detrimental to the relationship between RSA and SSA in that not all SSA beneficiaries were considered severely disabled under RSA rules. The resulting effect was that some SSA beneficiaries had to wait an inordinate amount of time to receive services, further delaying the rehabilitation process. These delays were particularly troublesome because one of the most important factors in successful rehabilitation is early intervention, or case velocity (the speed in which a client is served). By the 1990s, the GAO (1996) had determined that less than one half of 1% of individuals eligible for services by RSA were indeed rehabilitated and returned to work. The combined effects of a delivery mechanism predicated on service rather than outcome, coupled with rules and regulations that were not friendly to SSA beneficiaries, caused the precipitant need for the passage of TWWIIA.

The TWWIIA is the largest piece of federal disability legislation since the passage of the Americans with Disabilities Act (ADA). The creators of TWWIIA hope that implementation of the bill will lower the unemployment rate of individuals with disabilities, in much the same way that ADA has removed many of the physical barriers and other obstacles to employment, generally, in our society (Bunning, 1996). But, in order for this goal to be realized, further political concessions and agreements will have to be negotiated. Most notably, there is the question of whether the states will agree to extend health-care coverage to U.S. citizens with disabilities who are working. The cost to the states of extending such care is enormous, and as stated previously, issues of local rule and precedent are involved. Another important question is whether the federal government will end the sole reliance of rehabilitation services delivery to SSA beneficiaries by the public sector (Tenney & McCray, 1997). Bureaucracies do not easily relinquish power, nor do they readily give up a reliable and generous source of income. They are also not noted for their readiness to engage in competition (Forgiel & Growick, 1997).

Conclusion

In its simplest form, TWWIIA represents a bifurcated law in which both political parties made significant concessions. The ticket portion of the law represents the opportunity to infuse *real* choice in the delivery of rehabilitation services by providing an opportunity for clients to choose among both public *and* private providers. The work incentives segment portrays individuals with disabilities as people who want to work if given the opportunity to retain adequate health-care coverage. In a very real sense, it is the work-incentive part of the law that embodies what has always been at the core of rehabilitation philosophy—a faith in the basic goodness of the individual, an emphasis on the individual's assets rather than on deficiencies, and a desire to treat the individual as the master of his or her own fate rather than as the helpless victim of circumstance. The work-incentive part of the law also draws heavily on the basic psychological principle that people will repeat activities for which they are rewarded. That is, people will work if they get more out of working than they do out of not working (Thomas & Strausser, 1995).

It is hoped that the concessions in political and philosophical ideology that led to the passage of TWWIIA will lead to real life achievements for individuals with disabilities. There are still many political barriers to overcome, but the rewards of overcoming these barriers could be extraordinary, not only for people with disabilities but also for their families. There is also a potential gain for rehabilitation professions and rehabilitation professionals generally because competition breeds excellence. The challenge of implementing TWWIIA will be accepting change in a world where change is never easy but always necessary.

ABOUT THE AUTHOR

Bruce Growick is on faculty at The Ohio State University and is a past-president of NARPPS. He represented NARPPS during the development of TWWIIA, testifying before Congress; edited a special issue of the NARPPS journal in the fall of 1997 on rehabilitating

SSA beneficiaries; and attended the bill signing ceremony in Washington, DC.

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ADDITIONAL THOUGHTS

Consumer Coalition History

Consumer-Driven Principles in California

Bryon R. MacDonald

This paper summarizes policy development initiatives in California from 1996 forward, describing the local, regional, and national consumer-driven groups who coalesced and contributed to the policy formulation and passage of the Ticket to Work and Work Incentives Act (hereafter referred to as the Work Incentives Act).

This effort began with collaborative focus groups at the World Institute on Disability (WID) and the Center for Independent Living Berkeley/Oakland (CIL), which were formed in early 1996, including ties developed with the National Council on Independent Living (NCIL), the Consortium for Citizens with Disabilities (CCD), the Return to Work Group (RTW) and other national disability organizations. These groups made extensive efforts to read from the abundant current literature on the issues from the United States General Account Office (GAO), the National Academy of Social Insurance (NASI), Drew–Batavia, and others (see Note).

Starting in the fall of 1996, Dr. Susan Daniels, PhD, then associate commissioner of the Social Security Administration (SSA), Office on Disability, initiated an annual series of sizable Washington, DC, employment forums focused on Social Security and health care programs. The national Social Security forums were produced in concert with the National Institute of Disability and Rehabilitation Research (NIDRR) and later with the Presidential Task Force on Employment of Adults with Disabilities. The forums were designed to work in synch with simultaneous regional Social Security meetings and forums with consumers and consumer groups on employment issues.

The local, regional, and increasingly national dialogue, started in 1996, led to a substantive and perfectly timed 1997 consumer employment conference and public hearings produced by the National Council on Disability (NCD). This work produced a consumer-inspired blueprint report for removing systemic barriers to employment. It was widely vetted in the disability community and by spring of 1997 was being circulated informally in the U.S. Congress. The NCD Report was formally presented to Congress on September 24, 1997. The document contained a distinct and remarkable set of guidelines and principles supporting each of the legislative recommendations for cross-agency reform of Social Security, Medicare, Medicaid, vocational rehabilitation, and other employment support systems. Two early versions of the Work Incentives act had been introduced in Congress by then, each containing one or more of the elements of the final, multi-jurisdiction legislation.

A semi-permanent group of coalition stakeholders had developed by 1998, evolving from this early consumer-driven grassroots work. By 1998, there was a "wildfire" of expectation and hope that, working together, the coalition could forge reforms that had been discussed for decades. For example, the provider-funded Return to Work Group cross-pollinated and worked in earnest with members of the NCIL Social Security Subcommittee. Some 25 representatives from this widespread coalition met with Senate and House staff weekly and occasionally biweekly on every version of the Work Incentives Act, from 1998 until the bill signing ceremony on December 17, 1999. In turn, the coalition representatives took major and minor twists and turns in the bill's policy development back to their consumer and other constituencies for review, comment, and improvement. Most, not all, of the sentences in the Work Incentives Act were "vetted" with this large group of consumer-based organizations and provider groups—a nontraditional alliance compared with prior disability policy development initiatives.

Firsthand participant accounts from the period (for example, Sallie Rhodes, disability policy advisor to Senator James Jeffords [R-VT], and Connie Garner, senior disability policy advisor to Senator Edward M. Kennedy [D-MA]), attest that it was a unique but appropriately open process of legislative craftsmanship with ongoing involvement of the consumers who would be affected by the complex reforms being developed.

The California Work Incentives Act initiative now carries on some of the major implementation work of the federal act in that state. The initiative is a 3-year collaborative project newly funded by the California Endowment. Components of this initiative are replicating the coalition building process that enabled the passage of the federal act. In March of 2000, the intiative formed the statewide counterpart to the federal coalition, the California Work Group on Work Incentives and Health Care, the CWG. It is a well-organized state coalition similar to coalitions emerging now in close to 20 states over the last few years to implement health care and other reforms for workers with disabilities.

The CWG is an open, accessible statewide network of consumers with disabilities, advocates, and community-based organizations. The participants have different disabilities and diverse ethnic and cultural backgrounds. The CWG has been developing a consensus-based California agenda for implementation of new state and federal employment and health care law for workers with disabilities.

Again in replication of a policy development model that worked at the federal level, the CWG deliberated over a period of months in the spring of 2000 to produce its May 2000 Public Policy Statement. It contains two pages of clearly articulated principles and guidelines (found at the conclusion of this paper) to support the full inclusion of Californians with disabilities in the workforce. In 2001, the CWG is crafting provisions for the comprehensive California Workforce Inclusion Act, introduced in the Assembly February 23, 2001, as AB 925 (see www.leginfo.ca.gov).

Modeled with provisions now available to states because of the Work Incentives Act, the California Workforce Inclusion Act contains health-care and state and community infrastructure reforms that will support workers with significant disabilities in seeking, retaining, and changing employment. The principles emanating from the deliberations of the CWG follow.

CWG Public Policy Recommendations: Principles and Guidelines

To implement new state and federal law for workers with disabilities

1. *Do no harm.* Public policy and program implementation and outcomes shall do no harm to people with disabilities and/or to other family members.
2. *Health care and other interconnected public program reform* must take place *simultaneously* to reduce rates of unemployment and underemployment for Californians with disabilities.
3. *Informed choice and empowerment.* Informed choice and empowerment refers to a consumer's ability to understand and use programs successfully because the programs are designed to enable consumers to navigate them competently and without fear.

   Program design must be accessible, synchronized with other public policy and programs, and understandable to agency staff, consumers of services, and others. This is mandatory to ensure successful employment outcomes and to decrease administrative costs.

   The concept of consumer empowerment, as applied to public programs, refers to programs which allow for self-determination, self-advocacy, and active participation in the decision making process at the individual and systems levels.
4. *Health care coverage—Recognize needs of consumers.* Seamless, uninterrupted access to health care coverage from public and private sectors enhances the continued ability to work.

   Temporary, part-time, and self-employment profiles are common examples of uneven earned income levels for workers with disabilities. Some persons with disabilities are unable to work at all. The health care programs must be designed for these profiles. Those who consider them too risky will not use health care buy-in programs.
   - Design examples to support seamless coverage
   - A "Presumptive Eligibility" mechanism within the Medi-Cal eligibility process to enable workers with disabilities to accept unexpected new employment opportunities and retain affordable Medi-Cal services.
   - Develop consumer options to encourage timely premium payments and maintenance of ongoing participation, such as an employer payroll deduction or automatic checking account debiting from a worker's bank account.
   - "Easy Back On" provisions that do no harm, for workers to return to other categorically needy Medi-Cal groups.
5. *Establishment of partnerships.* The California Work Incentives Initiative should be developed, implemented, and evaluated by a partnership consisting of representatives from cross disability coalitions, employers, appropriate executive agencies, and members of the legislature.
6. *Outcomes and performance.* The California Work Incentives Initiative must document outcomes and performance by supporting data collection and research and evaluation activities.

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NOTE

A core library of the period on removing barriers to employment included Return-to-Work Group (RTW) paper, *Developing Choices for People on the Disability Rolls to Return-to-Work and Self-Sufficiency*, 1995; National Academy of Social Insurance Disability Policy Panel 1996 report, *Balancing Security and Opportunity: The Challenge of Income Security Policy*; U.S. General Accounting Office (GAO), *SSA Disability: Program Redesign Necessary to Encourage Return to Work*, GAO/HEHS-96-62, April 1996; U.S. General Accounting Office (GAO), *Social Security: Disability Programs Lag in Promoting Return to Work*, GAO/HEHS-97-46, March 1997; National Council on Disability Report to Congress, *Removing Barriers to Work: Action Proposals for the 105th Congress and Beyond*, Sept. 24, 1997.

INVITED GUEST REACTION PAPER

Comments on Blanck and Schartz

Monroe Berkowitz

Mary Switzer, to whom these seminar papers are dedicated, would have been delighted with the objectives of the Blanck and Schartz paper. In the 1950s, Mary Switzer, together with a few of her contemporaries, recognized the threats to, as well as benefits that would emerge from, legislating a disability insurance program that would pay cash benefits to persons who could prove that they were unable to work (Berkowitz, 1987). She recognized the subtle but implicit conflict between a program that paid folks cash if their impairments could meet rather stern legal tests and a program of rehabilitation whose objectives were to return persons with disabilities to work.

In keeping with these ideas of disincentives posed by benefit programs, the authors discuss and evaluate the recent legislation designed to overcome them. Alongside this theme, they explore another idea—that in evaluating employment policies, we ought to assess additional objectives other than increases in the employment rate. In their words, "Thus, evaluation of national initiatives designed to enhance the labor force participation of disabled individuals must assess improvements in employment, but also advancements in self-sufficiency, independence, inclusion and integration" (this issue).

It is difficult for me to understand this point. If by employment, we mean a job in the open competitive labor market, doesn't employment bring with it these other conditions? The virtues of employment for persons with disabilities goes well beyond the wages that are paid. Employment is a badge of independence and self-respect. It brings with it the ability to live a life of one's choosing, to come out from under the mantle of dependence, and to live the life enjoyed by one's neighbors and friends.

An old principle of logic argues that one should not burden any proposition with needless arguments in its favor. Employment says it all, and it adds little and may confuse a great deal to add these other objectives.

In part, my disagreement with the authors may be caused by some confusion over definitions. Most persons who deal with employment issues adhere to the definitions promulgated by the U.S. Bureau of Labor Statistics. The basic concept is the "labor force," which consists of all persons who, during the survey period, were working or looking for work. Persons in the labor force may be employed, that is working for pay or profit or unemployed. To be unemployed, one must not only be without a job but also looking for work. Persons who are retired, in school, or full-time homemakers are without jobs in the labor market, but they are not classified as unemployed if they are not looking for work. In much the same way, persons who have just qualified for Social Security Disability Insurance (SSDI) benefits by proving that they are "unable to engage in any substantial gainful activity" are not unemployed; they are out of the labor force. More on this paradoxical if not slightly ridiculous situation later.

First, let me turn to the authors' reference to their study of the Iowa Entrepreneurs with Disabilities program. They use that study to make their point that "outcome research need not be limited to employment status and income growth." To support their argument they note that self-employment means "job choice, self-determination, flexibility in work schedules and tasks, and self-accommodating for workplace accessibility"(this issue).

These all may very well be advantages of self-employment, but it is not at all clear how these facts relate to their point that outcomes need not be limited to employment status. There may well be some confusion in the authors' minds as to whether self-employment is really included in the concept of employment. But, of course, it is if one adheres to the common and accepted notions of employment.

All this may not be important except that the authors make much of the fact that it is essential to have these additional outcomes. I doubt that they would have been viewed as essential by Mary Switzer who had her eye on a program that would rehabilitate individuals and return them to the labor market. Her skepticism about a federal program that would provide cash benefits first and rehabilitation second, if at all, seems to have been well-founded.

In recent years, the number of SSDI beneficiaries has significantly increased, thereby adding to the financial strains on the Social Security system. Benefit payments from the trust fund amounted to $51.3 million in 1999, a 53% increase over the last 10 years (Social Security Administration [SSA], 1999). Few workers who qualify for benefits are sufficiently rehabilitated to return to work. This limited success with rehabilitation not only places a financial burden on the SSDI program, it also means that some beneficiaries who might return to a more productive life after rehabilitation are confined to beneficiary status.

Mary Switzer was very much aware of what might happen and was part of the discussion that took place before SDI was adopted in 1956. At that time, policymakers conducted a vivid debate about where the priorities in disability policy should lie. Switzer was part of one group that highlighted rehabilitation and said that the government should focus its efforts on getting people jobs. Another group argued that the government's primary role should be to provide income to those unable to earn it on their own. The controversy involved both political and bureaucratic disputes (Berkowitz, 1987).

In the end, despite an effort to refer disability beneficiaries to vocational rehabilitation (VR) agencies, the side that favored cash benefits won the argument. As a result, disability policy centered on individuals' proving they could not work rather than on using the government's resources to get them jobs. Along the way, early intervention to rehabilitate a potential disability insurance recipient was crowded out by the problems of paying benefits. Agency goals centered on paying benefits to people with disabilities as quickly and efficiently as the law allowed.

This is not to say that rehabilitation was not part of the law. From its earliest days, the law provided for the referral of applicants to the state VR agencies. When cash benefits were authorized in 1956, these benefits could be suspended if an individual refused VR services without good cause. Referrals to VR were made, but no trust funds were expended for rehabilitation services until 1965. At that time, Congress established the Beneficiary Rehabilitation Program (BRP), which authorized payment to the VR system of up to 1% of the amount of benefits paid in the previous year. "The rationale for using trust funds to finance rehabilitation services was that 100 percent federal funding would be instrumental in removing persons from the DI beneficiary rolls and would, therefore, result in long-term savings to the trust funds" (Berkowitz, Horning, McConnell, Ruben, & Warrell, 1982).

Early reports of the success of the BRP resulted in increases in the authorized payments from 1% to 1.25%, then, in 1974, to 1.50% of the benefits paid. Later examinations of the program in the 1970s cast doubt on whether the BRP was actually saving trust fund money. Particularly influential was a U.S. General Accounting Office (GAO) study that found the program to be only "marginally successful." The criticisms by the GAO and others are relevant to the prospects for any early intervention program that deals with applicants. The GAO found that many of the persons reported as rehabilitated under the program had received very few services or had medically improved independently of the services received. In 1981, Congress replaced the BRP with a plan that reimbursed a VR agency for services that resulted in a beneficiary being gainfully employed for a continuous period of nine months. The legislation greatly reduced the trust fund monies available to VR agencies to serve beneficiaries (National Academy of Social Insurance, 1996).

New regulations adopted in 1994 permit SSA to refer beneficiaries to alternative providers in the private sector. Long delayed in its implementation, it is too early to evaluate the efficacy of this new provision that opens the market to private providers.

In spite of the dissatisfactions with the way rehabilitation has worked or, more accurately, not worked in the SSDI program, Congress keeps trying. The latest effort, and one discussed by the authors, provides incentives for persons on the rolls to return to work, the Ticket to Work and the Work Incentives Improvement Act (P.L. 106-70, December, 1999). The authors concentrate on the provisions that allow beneficiaries to retain medical benefits when they return to work, but there is more to the law. As its name implies, the law provides for a so-called, "ticket to work." Beneficiaries are to be given these tickets that can be deposited with a provider of rehabilitation services, called *employment networks* under the law. If the providers succeed in getting the beneficiary back to work and off the rolls, they are to be reimbursed a portion of the trust fund savings. In other words, instead of the private or public provider of rehabilitation services being paid in accordance with the time and effort expended, they are to be paid on an outcomes basis. They get paid only when and if the person returns to work, and then their payment is a portion of what would have been paid the person had they remained on the rolls.

One of the problems with this scheme is that it applies only to beneficiaries, to people who have qualified for the rolls by withdrawing from the labor force for at least 5 months and then applying for and receiving benefits in a process that might take more than a year. It is not difficult to see how a person, even a person with good work potential, might easily be discouraged after going through this process.

However, under this same Ticket to Work law, the SSA is authorized to conduct demonstrations and experiments to test the idea that the return to work record for potential applicants to the Disability Insurance program could be improved by early intervention and the provision of return to work services. Under these demonstrations, services could be offered to *applicants* for benefits, a distinct change from the current law and practice in which services can be paid out of trust funds only for persons already on the rolls.

Specifically, Section 301 states the following:

> The Commissioner of Social Security shall develop and carry out experiments and demonstration proj-

> ects designed to determine the relative advantages and disadvantages of . . . (B) altering other limitations and conditions applicable to such individuals (including lengthening the trial work period, altering the 24 month waiting period for hospital insurance benefits under section 226, altering the manner in which the programs under this title is administered, earlier referral of such individuals for rehabilitation, and greater use of employers and others to develop, perform, and otherwise stimulate new forms of rehabilitation.

The Commissioner has the authority to expand the scope of a Section 361 demonstration project to

> any group of applicants for benefits under the program established under this title with impairments that reasonably may be presumed to be disabling, and may limit any such demonstration projects to any such group of applicants, subject to the terms of such demonstration project which shall define the extent of any such presumption.

This is an exciting change in the law and one that helps meet some of Mary Switzer's objections to the law in the first place. Now, under these demonstrations, a person who experiences difficulty in the job market because of some physical or mental impairment, can apply to the SSA for help. That applicant, under the proposed experiments (see Note), could receive an immediate but temporary benefit, and, at the same time, the services that might enable the applicant to get back into the job market. At least these proposed changes bring us closer to the common sense idea of providing return to work services and not cash benefits whose receipt is conditioned on not going to work or being part of the labor force.

There can be no question that receipt of these benefits inhibits work. Blanck and Schartz discuss their research project interviewing persons served by the Polk County Health Services in Iowa. What emerges loud and clear is that "participants were uncertain and concerned about the effects of their employment status on receipt of public benefits such as SSI, SSDI, Medicare and Medicaid" (this issue). The authors worry about the clients' understanding of the benefit system and their attitudes about work. But, is it really understanding that is required? Surely better understanding may simply mean that people will give up their efforts to enter the labor market entirely once they learn how much their medical benefits depend on their remaining in this state of dependency.

The solution may not be simply to add another work incentive or change how long medical benefits can continue. The enemy may well be the cash benefit programs themselves as Mary Switzer and her colleagues suspected in the first place. It makes eminent sense to put rehabilitation first and cash benefits second. We have a long way to go to accomplish that objective, but the early intervention demonstrations may well point the way.

Obviously, I have some reservations about the Blanck and Schartz paper, but I compliment them on what they are trying to do. They recognize the central importance of work in the lives of persons with disabilities, and they recognize the disincentives posed by these benefit programs. Others would do well to follow their example and seek understanding of the effects of these programs by interviewing beneficiaries at the grass roots level. I suspect that they would agree that the benefit programs are the problem. Possibly, our disagreement lies in the fact that they propose various ways to minimize the disincentives, while I would opt for more radical surgery.

NOTE

These demonstrations and experiments are now in the design stage. The Rutgers University component of the recently established Disability Research Institute, financed by the Social Security Administration, is charged with the initial design of the project. Experiments in this early intervention may begin at selected SSA field offices in 2002.

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INVITED GUEST REACTION PAPER

Emerging Workforce Initiatives

The Promise, the Potential, the Prospects—Possibly Too Many "Moving Parts?"

Donald E. Galvin

The authors of the invited papers to the 22nd Mary E. Switzer Memorial Seminar have quite admirably presented the political, policy, and economic forces driving new and significant workforce initiatives. In addition, the authors, who represent important, diverse perspectives, address the potential relevance of the workforce initiatives to persons with disabilities.

This reaction paper will briefly address four dimensions of these policy initiatives:

- *The Promise*—a coordinated, integrated, seamless, accountable, effective, efficient, and consumer-centered workforce development and employment system.
- *The Potential*—providing relevant, timely, and effective services and supports to persons with disabilities.
- *The Prospects*—the timeless issue of implementation, specifically the translation of policy statements, legislation, and agreements into successful operations "on the ground." The role of standards and quality assurance mechanisms is offered as a facilitative device to enhance the translation.
- *Possibly Too Many "Moving Parts"*—a cautionary note that respects the vision and values of a generic, comprehensive approach to improve the effectiveness of workforce investment programs while recognizing the complexity of the task and the tendency of large-scale government initiatives to over promise and under perform.

The Promise

Public policymakers have dramatically responded to the challenges of recent labor market shifts and economic transformation. The new Workforce Investment Act (WIA) and the establishment of a national One-Stop Career Center system offers promise that public employment and training programs can be much more effectively and efficiently organized. Welfare to Work programs are increasingly concentrating efforts to focus on the most hard to serve with "work first" strategies not unlike supported employment approaches. The Ticket to Work and Work Incentives Improvement Act of 1999 promises to innovate how vocational rehabilitation employment and health services are provided to individuals with disabilities. Together, these new legislative initiatives present formidable challenges and immense opportunities for vocational rehabilitation providers (Dorrer, 2000).

In a word, the objectives of these legislative initiatives is twofold: to get people jobs more efficiently, and to get employers qualified workers.

The policy innovation promises to move from a categorical approach (i.e., stovepipe specialization) to a collaborative, coordinated, and integrated approach to the economic and workforce development of the country (i.e., a system that is seamless in delivery). The challenge to the new policy perspective, as noted by the monograph authors, however, is the categorical funding streams, eligibility criteria, constituent groups, authorizing legislation, and professional cultures that serve to harden "the turf" of a wide variety of public and private organizations.

Transformation from the categorical model to the integrated model may promise a variety of benefits; however, as Dorrer has stated, "Collaboration may be described as an unnatural act among consenting adults." There is sound reason for such skepticism given the historical and structural preeminence of the categorical approach and the evolving or emerging nature of the nontraditional, integrative models being adopted by the One-Stop Career Centers. As Dorrer notes, "Service philosophies and cultures are complex constructs that are hard to alter in the short term."

While the promise of such approaches certainly warrants the attempt at a new way or new approach to workforce development (certainly the old way had modest success!), realizing the promise as described at the beginning of this paper (i.e., seamless, accountable, consumer centered, etc.) will require unusual vision, leadership, respect, commitment, and trust among all parties involved (i.e., managers, direct service personnel, consumers, employers, policymakers, and others).

On a broader and more worrisome economic note, one must appreciate, as both Dorrer and Van Erden emphasize, the principles and objectives of these new workforce initiatives, which are embodied in the U.S. economy as it stood in the late 1990s—a period of nearly unprecedented economic growth. The late 1990s and into the 21st century has seen the lowest unemployment rates of the last 30 years, forcing employers, large and small, to make extraordinary efforts to attract qualified employees. And yet, as this reaction piece is being written, the stock markets are in slow but steady decline, and this issue of *Newsweek* raises the question, "Recession ahead?" Suddenly, the buzz is all about recession. Although it is too early to foresee the end result of current troubling indicators, it is reasonable to raise the question as to whether the economic performance of the last 6 years or more can be indefinitely sustained. The point for us, of course, is that a significant economic downturn may quickly erode employer interest in workforce development and new hires. The employment opportunity side of the economic equation may rapidly close, significantly undermining prospects for those very individuals who have yet to be absorbed by the robust economy of the last several years. Hopefully, the workforce development initiatives being introduced will prove to be effective should we experience an economic downturn.

The Potential

As the WIA, with its One-Stop Career Center system, and TWWIIA evolve, there will be profound interest in assessing the degree to which the generic, coordinated approach to workforce development and employment meets the needs and wants of individuals with disabilities. As Blanck and Schartz emphasize, "A cardinal question is posited: How will policymakers, researchers, and people with disabilities themselves systematically assess the effectiveness of the emerging national employment policy?" (this issue).

The new approach to workforce development, with its generic, coordinated, integrated approach represented by the One-Stop Career Centers, stands in some contrast to the traditional segregated and specialized approach represented by community rehabilitation organizations and state vocational rehabilitation (VR) agencies. The two approaches, of course, reveal fundamental differences in philosophy, policy, and constructs. Even the papers in this monograph exemplify the ongoing policy debate. For example, one may characterize the Kiernan and the Blanck and Schartz papers as representing the "let's try a new way" school of thought. Kiernan warns of the limitations of the "separate and special" approach to services and supports, while Blanck and Schartz point out the pitfalls of the medical model/rehabilitation approach and instead emphasize that disability is largely a consequence of the failure of the environment to accommodate.

On the other hand, Dorrer and Van Erden, while wholeheartedly endorsing the organization and objectives of the One Stops, support and even encourage the participation of traditional community rehabilitation organizations in this new, generic, and integrated system. Dorrer, for example, cites the strengths of the vocational rehabilitation system in terms of professional credentials including individual certification and organizational accreditation. Van Erden speaks of "extended community partners," which are linked to the One-Stop Career Center. Such "community partners" include community-based rehabilitation organizations such as Goodwill Industries, Jewish Vocational Services, the National Easter Seal Society, and others, as well as the state VR agencies that are cited as a required partner in the act. On a policy and legislative level, the One Stops are, of course, mandated to serve individuals with disabilities, given the Americans with Disabilities Act and the inclusion of the Rehabilitation Act as a title in the WIA.

In view of this fact, and given the documented evolution of many community rehabilitation organizations, we may witness the homogenization and interdependency of the two systems. That is, One Stops, by virtue of their mandate and memorandums of understanding, will undoubtedly provide services and supports to people with disabilities. Over the last several years many, if not most, community rehabilitation organizations have diversified to serve nondisabled individuals confronting a variety of barriers to employment (e.g., welfare recipients, immigrants, probationers, & parolees). A 1995 report by the Pelavin Research Institute and Walker and Associates on behalf of the Rehabilitation Services Administration found that "Community rehabilitation programs were diversifying in terms of the services and programs they provide, the people they serve and the sources they tap for funding. The result has been that most facilities each year receive a smaller percentage of their total funds through VR, even though the dollar amount expended by VR may have increased" (Conley, Prazac, & Luskin, p. 9-3).

The interrelationship of the new generic One Stops with more traditional community rehabilitation organizations is evidently of concern to some advocates and consumers. As Kiernan suggests, the new legislation "does not eliminate the need for individualized services and supports but does raise the question as to why these services are not available at one site, the One Stop Career Center." There is anxiety that persons with disabilities may have limited access to generic workforce services and supports or may simply be cycled, via referral, to state vocational rehabilitation agencies and community rehabilitation organizations (Smoot, 1999).

As Dorrer and Van Erden make clear, the workforce development initiatives and the One-Stop Career Centers are works in progress—or as one of the authors stated in private communication, "an airplane being built in flight." Perhaps, in fact, time will only tell if the emerging workforce initiatives add substantially to the array of resources, services, and supports available to address the serious employment, integration, and independence needs and desires of people with disabilities. If the innovation, coordination, and integration called for in this legislation is successfully implemented, then indeed, persons with disabilities may experience a more responsive, effective, efficient, and consumer-centric system bolstered in some cases with tangible consumer purchasing power. Certainly the evidence to date is clear that present arrangements have had limited success in achieving employment, community integration, and independence on behalf of consumers.

The Prospects

The call for accountability and performance measurement based on quality outcomes and consumer satisfaction is a fairly universal theme throughout the papers. For example, Van Erden states, "Quality systems that measure customer satisfaction, and systems efficiency must be institutionalized to achieve ever-higher levels of quality" (this issue).

Dorrer perhaps puts the case best in the following observations:

- If the full benefits of a more integrated workforce services delivery system are to be realized for persons with disabilities, the service philosophies, accountability systems, quality standards, and definitions of professionalism for various provider systems must be better aligned.
- It is yet to be determined how different systems, and standards of accountability and quality measurement will be applied on behalf of the consumer.
- Other than governmental monitoring for purposes of legal and regulatory compliance, no formal requirements exist for independent review or quality audits under WIA.
- Determining quality standards for services and practice methods could become one of the most problematic challenges under workforce program service integration.

And as he also notes, in the vocational rehabilitation system and culture, quality assurance systems exist based on national standards and accreditation. In the spirit of full disclosure, I confess that until recently I served as the president/CEO of one such system, namely, CARF—the Rehabilitation Accreditation Commission. In this capacity, and during recent efforts to develop and implement standards that would apply to workforce development initiatives, it became clear that many of the themes embodied in workforce development legislation were indeed familiar to those of us engaged in rehabilitation accreditation, including the following:

- Consumer focus and customer satisfaction,
- Continuous improvement in terms of both organizational management and service delivery,
- Empowering individuals to make choices through availabile information,
- Accountability based on performance outcomes, and
- Diversity and cultural competence.

Effective July 1, 2001, CARF will accredit workforce development services as offered by those community rehabilitation organizations that are traditionally accredited by CARF. Further, market research is underway, and it is anticipated that in 2002 CARF will offer a national accreditation opportunity to One-Stop Career Centers.

These standards development and accreditation initiatives may help to address the issues of quality assurance, performance measurement, and accountability in workforce development as cited by Dorrer and Van Erden.

Too Many Moving Parts?

A generation ago Pressman and Wildavsky (1973), Bardach (1977), and Williams (1980) addressed the "implementation problem" in the public policy process. Bardachs' book, *The Implementation Game: What Happens After a Bill Becomes a Law*, warns of the three principal perils of public policy implementation:

- After a policy mandate is agreed to, authorized, and adopted, there is underachievement of stated objectives
- delays
- excessive financial cost

Williams observes, "The implementation issue most straightforwardly concerns how to bring together communications, commitment, and capacity so as to carry a policy decision into operational action such that people in the organization are doing things in a different way" (1980).

Pressman and Wildavsky (1973) conducted an extensive case study of a 1966 Economic Development Administration (EDA; U.S. Department of Labor) job creation program in Oakland, California. The objective of the program was to create 3,000 new jobs for unemployed inner-city residents, but 3 years and $4 million later, exactly 63 new jobs were created, at which time the project was canceled. The explanation favored by Pressman and Wildavsky for EDA's failure rests on what they call "the complexity of joint action" and "the prosaic problems of changing actors, diverse perspectives, multiple clearances and gamesmanship throughout."

Although these citations are admittedly dated, they do contain a lingering veracity and relevance and may give pause as we contemplate the challenges ahead in undertaking the monumental changes envisioned in these emerging workforce development initiatives.

In view of the more current management literature on organizational change, which basically means individual change, one must be cautious, if not modest, in expectations. For example, Kiernan's assessment that the One-Stop Career system will result in a "less complex and more customer focused employment and training system" (this issue) may prove to be unduly optimistic when the policy and implementation research advocated by Blanck and Schartz is published in years to come.

As Orthner (1999) stated, "At the present time, and in most communities and states, workforce development is a multi-faceted system that is driven by diverse funding streams serving different target populations with multiple accountability systems and outcome measures." And, Dorrer states, "Program consolidation and service integration are often championed in concept but resisted in practice"—clearly an implementation issue. The well-known early reluctance—even resistance—of the state–federal VR system to participate in the emerging workforce development initiatives is but one recent and relevant example of the policy, organizational, and personal dynamics that may give rise to Bardach's (1997) predicted perils: underachievement, delays, excessive financial costs.

While not ascribing to a pessimistic posture, it must be acknowledged that the envisioned WIA system, which "offers streamlined services, empowers individuals, offers universal access, increases accountability, develops new roles for local workforce boards, increases state and local flexibility, and leads to greatly improved youth programs" (Van Erden, this issue) is monumentally ambitious.

Such extravagance of promise may need to be tempered by a candid appreciation of the implementation problems that will undoubtedly assail these new policy ventures.

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Comments on Berry

William Halloran

I am pleased to have the opportunity to react to the excellent paper presented by my friend and colleague, Dr. Hugh Berry, at the Mary Switzer Seminar 2000. Berry has reviewed emerging programs, policies, and trends that might influence employment outcomes for youth with disabilities. My reaction may seem somewhat skeptical of these recent policy efforts, but my purpose is to challenge the rehabilitation community to be vigilant as we observe the implementation of these policies.

Berry has mentioned the "Push and Pull" of possible competing intentions related to employment of individuals with disabilities and the perceived need to reduce costs to society that are attributed to their dependence. Berry also described the dilemma in which participants in the Supplemental Security Income (SSI) program are deemed to have significant disabilities that inhibit or prevent work altogether. Federal efforts aimed at ameliorating the cost of disability are also in the Push and Pull paradox of increasing independence while ensuring economic security.

Considerable concern has been expressed over the past few years regarding the growth of the SSI program. Between 1985 and 1994, SSI enrollments among adults (age 18 and older) have grown by 78% and among children by 236% (U.S. General Accounting Office, 1995). As a result of concerns expressed by the media and Congress, numerous studies were undertaken to identify the fraud and abuse that was thought to be occurring within this program. However, these studies were not able to substantiate any patterns of abuse associated with the increased enrollments. Eligibility for SSI enrollment depends on meeting both stringent income and resource limitations and having a significant disability caused by a physical or mental impairment (Social Security Administration, 1998). Can program growth possibly be attributed to increases in poverty and disability?

Poverty/Disability Issues and Growth in SSI

Between 1969 and 1997, the number of children living in poverty grew by more than 46%, or more than 4 million. At the same time, our nations wealth grew by 62%, indicating a widening gap between the rich and poor (Children's Defense Fund [CDF], 1999). Child poverty is at about the same level it was in 1980, in spite of our current "booming economy." However, the number of children living in extreme poverty (defined as living at 50% below the poverty level) has doubled during the same period (CDF, 1999). The poverty threshold for a family of three in 1999 was $13,880.

Studies have shown that children living in poverty are twice as likely as children not living in poverty to need special education (Fujiura & Yamaki, 1999; Hebbeler & Wagner, 2000). The National Organization on Disability Harris Survey (2000) commenting on the participation of people with disabilities in the United States, reported that people with disabilities are nearly three times more likely than people without disabilities to be living in households with total incomes of $15,000 or less. Harris also found that only 32% of people who are disabled and of working age (18–64 years) were working full or part time compared to 81% of the nondisabled population. Studies on employment status and earnings of individuals who were in special education or vocational rehabilitation programs also reported disproportional representation in the labor force and wages and benefits that suggest underclass status (Haywood & Schmidt-Davis, 2000; Tashjian & Schmidt-Davis, 2000; Wagner & Blackerby, 1996).

Berry cited two recent studies, Burkhauser, Daley, and Houtenville (2000) and McNeil (2000), that suggested a decline in labor force participation rates among youth and young adults with disabilities. These studies as well as the compelling evidence of the relationship of disability and poverty should challenge us to learn more about issues affecting the underclass so that we may be able to better address the education and rehabilitation needs of people with disabilities. For many of our citizens with disabilities, access to food, shelter, and health care may be their most immediate concerns. To what extent are these issues currently being addressed in emerging programs and policies? To what extent are these issues being addressed in the policy agendas of our professional and advocacy organizations?

Beyond Dependence vs. Independence

A recent report jointly issued by the National Council on Disability and the Social Security Administration criticized outreach efforts among educators to assist individuals and families connected with the SSI program (National Council on Disability, 2000). The inference drawn from this criticism was that individuals who meet the eligibility requirements and enroll are likely to remain enrolled most of their lives. Therefore, as implied, participation in the SSI program will lead to lifelong dependence.

Berry described the SSI Age-18 Redetermination requirement included in the Personal Responsibility and Work Opportunity Reconciliation Act (Welfare to Work) of 1996. As a result of applying stricter standards, 56% of the redeterminations conducted as of May 1998 resulted in recommendations for cessation. Although there have not been any published reports since May 1998, it has been estimated that well over 100,000 youth with disabilities have been dropped from the SSI program. Can we assume that those dropped from the program are no longer "dependent" and that a substantial barrier to their employment has been removed?

A longitudinal study of the Vocational Rehabilitation Service Program (Haywood & Schmidt-Davis, 2000) reviewed the vocational rehabilitation experiences among individuals who achieved a supported employment outcome. The supported employment outcomes included an average wage of $4.53 per hour, working an average of 23 hours per week. These wages would certainly not be considered a living wage, nor would they come anywhere near exceeding the SSI Substantial Gainful Activity (SGA), which is currently $700 per month. Supported employment, as defined by statutes, is competitive work in an integrated work setting with ongoing support services for individuals with the most significant disabilities for whom competitive employment has not traditionally occurred.

The consumers of supported employment services would probably be similar to the population of students who are considered to have a poor prognosis for competitive employment at the time they leave school. Rather than trying to judge independence versus dependence, we should consider these workers as interdependent individuals and thus focus on maximizing self-sufficiency. The SSI program includes provisions for promoting self-sufficiency through the Section 1619(a) encouragement of employment. To what extent is interdependence being promoted rather than the single indicator of reducing the SSI roles?

Safety Net Preservation: Working Toward Independence

There is clear evidence that many individuals with disabilities need a safety net with employment supports so they can participate in work commensurate with their abilities. Some of the evidence that supports the need for those with a poor prognosis for work is that (a) an insufficient number of jobs are available that are commensurate with the interest and abilities of individuals with significant disabilities, (b) the jobs that are available do not provide a living wage, and (c) job change is difficult for individuals with more severe disabilities (Auxter, 2001).

The Social Security Administration's FY 2000 Government Performance Reporting Act supports the establishment or strengthening of a national safety net through "valued, strong, and responsive social security programs" (p. 14). Objectives supporting this goal include the promotion of research-based policies that shape the SSI program in a manner that

- Protects vulnerable populations, anticipates the evolving needs of SSI populations, and integrates SSI benefits with other benefit programs to provide a safety net for individuals with disabilities; and
- Increases self-sufficiency and takes into account changing needs, based on medical, technological, demographic, job market, and social trends.

For students with more severe disabilities whose prognosis for living or working independently at the time they leave school would be very poor, Community-Based Vocational Education Programs are being encouraged. Many of these students are on SSI and are the most vulnerable special education population for acquisition of work in competitive employment environments. The SSI population includes approximately 15% of the most severe students with disabilities in special education. However, they have the potential to perform meaningful work with appropriate job accommodations and employment supports. Community-Based Vocational Education is designed to provide a SSI safety net for students as they work through the special education transition process toward competitive or supported employment. For some students, the transition process may be extended through the vocational rehabilitation system and, if needed, extended in post-school environments through employment supports from Medicaid Home and Community-Based Waivers.

Summary

Berry provided an excellent overview of the emerging programs and policies that may influence employment outcomes for youth with disabilities. He described the "push and pull" of possible competing intentions relating to employment of young people who are disabled and the perceived need to reduce costs to society attributed with their dependence. I urge special education and vocational rehabilitation personnel to consider the need to ensure the existence of a safety net of public supports at the same time we implement programs to increase the self-sufficiency of these individuals. These should not be perceived as mutually exclusive.

Professionals in the special education and rehabilitation field should assume a monitoring and evaluation role as we exercise vigilance over the implementation of the emerging programs and policies. This vigilance should include an insistence that agencies and organizations responsible for implementation collect and make available the data necessary for researchers to measure outcomes and determine program effectiveness.

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INVITED GUEST REACTION PAPER

Understanding the New Policy Environment

H. Allan Hunt

With the passage of the Ticket to Work and Work Incentives Improvement Act (TWWIIA) in 1999, we have arrived at a place where work is to be considered as a possibility for everyone, regardless of disability status. This seems to be consistent with the views of both liberals and conservatives, although likely for different reasons. It also seems consistent with the views of the disability community, provided it does not mean terminating benefits as a way to "encourage" work effort.

This set of Switzer Seminar papers, and particularly the paper by Peter Blanck and Helen Schartz, inspired me to think about the shortcomings of both the *medical model* and the *civil rights model* in guiding disability policy. For the purpose of assessing the employment prospects of a person with a disability, the doctor is clearly not the final authority (i.e., medical model). It is also of only limited value to assert that no differences exist among people (i.e., civil rights model), even if that is the right way to deal with discrimination issues.

Therefore, as an economist interested in disability policy, I would like to help develop a *labor market model* of disability that incorporates a substantial dose of reality and may help close the circle of our understanding of the employment problems of persons with disabilities.

Employment of Persons with Disabilities

When the Americans with Disabilities Act (ADA) was passed in 1990, many observers thought that the combination of banning discrimination based on disability and mandating reasonable accommodation, with a large assist provided by the (then) approaching labor shortage, would guarantee a significant improvement in the employment prospects of persons with disabilities. Surely as more and more employers gained experience with accommodating disabilities at work, the barriers to employment would fall. The civil rights model of disability policy was a primary guide for these expectations. If only employers could be made to see that persons with disabilities were just like persons without disabilities, the promised outcome would seem to be assured.

Despite implementation of the ADA and the lowest unemployment rates in 40 years, Burkhauser, Daly, and Houtenville (2001) have documented an actual *decline* in employment among persons who have reported they have disabilities during the decade of the 1990s. It is shocking to find that employment rates declined nearly 25% for both men and women with disabilities from 1989 to 1998, according to annual data from the Current Population Survey (see Table 1, column 1). Further, while real median household income for nondisabled men and women rose by 5.1% and 5.4%, respectively, over the decade, men and women with disabilities saw their household income decline by 4.4% and 4.0%, respectively (see Table 1, column 2).

Thus, the difference in average household income based on disability status is growing, not shrinking. In fact, persons with disabilities became *more* dependent on public disability transfers (primarily Social Security Disability Insurance [SSDI] and Supplemental Security Income [SSI]) and less dependent on their own earnings between 1989 and 1998. Men with disabilities had 23% lower earnings, while women with disabilities reported 7.5% lower earnings (see Table 1, column 3).

Following national adoption of the civil rights model in 1990 and "full" ADA implementation in 1994, what can account for these disappointing trends? A number of answers have been offered recently by economists. First, it is possible that fewer people are reporting themselves disabled, partly as a result of improved employment results. Therefore, those who do identify themselves as disabled might be significantly more impaired now than in the past and have even greater barriers to employment on average (Kruse & Schur, 2000). Second, it is possible that improvements in disability benefit programs have actually drawn more individuals away from the labor market in favor of the safe and secure monthly benefit check (Bound & Waidmann, 2000). Or perhaps the increasing cost and coverage difficulties in obtaining medical insurance

TABLE 1
Employment and Income Trends by Self-Reported Disability Status and Gender, 1989–1998

Group	Change in Employment rate[a] (%)	Change in Household income[b] ($)	Change in Earnings[c] (%)
Men without disabilities	−1.0	5.1	7.0
Men with disabilities	−24.5	−4.4	−23.3
Women without disabilities	4.7	5.4	18.7
Women with disabilities	−23.7	−4.0	−7.5

Note. Based on an analysis of annual data from the Current Population Survey. "How Working-age People with Disabilities Fared Over the 1990s Business Cycle," by R. V. Burkhauser, M. C. Daly, and A. J. Houtenville, 2001. In P. P. Budetti, R. V. Burkhauser, J. Gregory, and H. A. Hunt (Eds.), *Ensuring Health and Income Security for an Aging Workforce.* Kalamazoo, MI: W. E. Upjohn Institute for Employment Research.

[a] Percentage of population who work 52 hours or more in the year and have positive earnings. [b] Change in household income at the 50th percentile of the distribution. [c] Percentage of change in person's own earnings in constant 1998 dollars.

have forced more individuals into government disability programs where medical coverage is at least assured. Finally, it is possible that the ADA actually had a negative impact on the employment of persons with disabilities, if the higher costs and greater risks of employing persons with disabilities prompted employers to reduce their hiring of such persons (Acemoglu & Angrist, 1998).

I do not know which of these explanations, if any, is true. However, I believe that the civil rights model of disability has proved inadequate to predict or to understand the decline in employment among persons with disabilities. We need an explanation built on a more realistic understanding of labor market operation if we expect significant, tangible progress in designing policies that help to employ persons with disabilities.

Basis of Employment Decisions

The demand for labor by employers is not very well understood. Most labor economists prefer to study the supply of labor, partly because the data are better. We are like the inebriated gentleman looking for his car keys under the street lamp instead of beside his car, where he dropped them, because "the light is better." However, one does not have to understand much to see that employers will only take on the responsibilities of the employment relationship if they feel it is likely that the individual to be hired will generate more in revenues than in costs for the firm. Otherwise, the extra worker will reduce the profits of the firm, and the employer has no economic incentive to hire that worker.

Economists refer to the revenue side of this inequality as the *marginal product.* It represents the extra output (or the dollars of revenue generated by that output) that will be produced by the firm with one additional worker. The relationship is an inequality because the revenue generated by an extra worker must exceed the cost of that additional worker. The marginal product of individual workers varies greatly, especially in jobs where there is some discretion in how the work is performed. In fact, it would not be an exaggeration to say that the art of successful hiring is to select the most promising (or productive) person from the applicant pool. In policy circles this is sometimes referred to as *creaming,* but it is nothing more than the attempt by employers to hire the best worker they can attract at the wage they are prepared to pay.

The cost of an extra worker also varies but by considerably less than does the marginal product. Wages are fairly standard by position, and benefit costs are usually averaged over the entire workforce. So, only in those cases where the individual worker requires unusual or special treatment will costs vary significantly. One such unusual or special treatment may be accommodation of a disability, even though in most cases these costs are quite modest. Thus, a worker with a disability may actually need to meet a slightly higher standard of productivity if he or she is going to be attractive to an employer.

Workers evaluate specific jobs in the context of the labor market as well. They consider their options working at various jobs and wages, as well as possible income maintenance options, including SSDI or SSI if they are severely disabled. To accept a job offer, a person must be convinced that the particular job is his or her best available option (or at least good enough that it is not worth holding out for a better one), considering all aspects of his or her life.

There is also a problem with uncertainty in the labor market. Prospective workers have trouble gathering detailed information about employment opportunities and therefore have difficulty evaluating particular alternatives. This is why job counselors can be helpful, serving as labor market intermediaries. Employers also have to deal with uncertainty about job applicants, including applicants with disabilities. Employers do not want to hire someone who is not going to be successful. If that person also has the potential to bring an employment discrimination lawsuit later on (i.e., is a member of a protected class), the costs of a failure may be very high for the employer. This defensive thinking can account for statistical discrimination against persons with disabilities in the labor market. If persons with disabilities present more uncertainties, or uncertainties with potentially larger consequences attached to making a mistake, employers can be expected to be cautious.

As the labor market matches prospective workers with specific jobs, it is clear that some persons with disabilities will have very little earning power in today's competitive economy. Their marginal product is not great enough to earn a living wage. Therefore, for such individuals, SSDI or even SSI benefit may be preferable to working, and we might not expect them to try to work, at least not at an unsubsidized job. But for most individuals, including those with disabilities, there are multiple options, and we should strive for a disability policy that encourages individuals to realize their work potential without endangering their health status or financial security.

New Policy Environment

Scotch and Shriner (1997) have provided a very useful model of disability that builds on the concept of human variation. There exists a distribution of capabilities on nearly any dimension of human performance, and people with impairments sometimes find that they fall outside the range of variability that institutions or systems are designed to accept. In this case, persons with impairments may require special support or assistance if their performance in such a system is to be satisfactory.

Walter Oi has developed the notion of disability as a *time stealer* (1996). Frequently, the workplace manifestation of a disability will be reduced productivity or increased costs. In either situation, the implication is that employing the individual will be less attractive financially to the employer. Dealing with this problem by mandating reasonable accommodation or even hiring quotas, as in the European Union, is unlikely to be successful because it just transfers the cost burden from one party in the employment relationship (the worker) to the other (the employer).

What is required in our free-market–oriented economy is a flexible mechanism to neutralize any specific productivity disadvantage of persons with disabilities and absorb the costs of adjustment of the environment. Assigning the costs of accommodation to employers, and further increasing the uncertainty by adding the possibility of a costly discrimination lawsuit if the arrangement does not work out, is not a very promising policy approach.

Another policy alternative would be for someone other than the employer to bear the cost of accommodation, thus equalizing the cost of employing a person with a disability. This could be an advocacy or rehabilitation organization, or it could be society at large. Rehabilitation and advocacy organizations have always played a large role, although small in relation to the total need. However, the Ticket to Work provision under TWWIIA creates the real possibility that a public or private rehabilitation entity may be willing to bear these costs of adjustment in exchange for a share of the savings to the Social Security trust fund when the individual successfully returns to work. Obviously this only applies to SSDI and SSI beneficiaries in the first instance, but the approach certainly seems worth exploring.

Although the Social Security Administration has not released the rules and regulations for the Ticket to Work at this writing, it is anticipated that they will be broad enough to allow flexible and responsive interventions guided only by the needs of the individual and the professional judgment of the rehabilitation professional. There need be no problem with budget constraints because the funds to reimburse the adjustment costs will come from savings in benefit payments. Thus, the market incentives can be allowed to work in favor of rather than against employment.

In addition, the TWWIIA is structured to assist with the labor market intermediation process that is needed in a world of uncertainty and imperfect information. Rehabilitation agencies will evaluate the anticipated cost of rehabilitation and reemployment against the potential returns from trust fund savings. If the returns are greater than the costs, there will be an incentive to go ahead with the plan. Such labor market intermediaries also should be able to look across individual characteristics and particular jobs to assess the likelihood of successful labor market matches. As these agents accumulate experience they will be able to reduce the uncertainties of the labor market for both workers and employers, resulting in more and better matches.

Under the Ticket to Work, rehabilitation agents can be expected to seek out those individuals requiring the least investment in order to be returned to employment. Although this may trouble some rehabilitationists, such creaming is the natural result of the economic incentive structure for providers. In addition, the profits generated by those early clients will provide the capital that can be invested in rehabilitating additional workers. When equilibrium has been reached in this provider market, it will be necessary to review the structure of incentives and the adequacy of outcomes from a public policy perspective.

Remaining Concerns

The TWWIIA offers the potential for a new era of employment and independence for persons with disabilities by more effectively structuring financial incentives for providers and by alleviating some risks of employment for persons with disabilities. But even more important than providing incentives for rehabilitation and employment is ensuring that persons with disabilities have the opportunity to secure the education and training needed to compete in the labor market. Current policy does not seem as promising in the area of educational preparation for employment.

It is clear that the basic education and skills of persons with disabilities should be a primary focus of public policy in order to raise their productivity and make them more attractive to employers. Without the requisite job skills and the necessary supports, access to the labor market, even with an advocate/provider, will yield little benefit. Persons with disabilities must have contemporary job skills if they are to be employable in tomorrow's labor market. We must provide these skills if we are to integrate persons with disabilities into the labor market completely.

On the demand side, we should realistically face the fact that human productivity differs. There are many reasons for such differences, including impairment status. We cannot pretend that such differences are irrelevant; and we should not assign to employers the cost of compensating for such differences. Rather, we must design flexible and effective policies that offset such differences to ensure equitable outcomes for all who are able to work.

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INVITED GUEST REACTION PAPER

Disability and Employment

Alternative Approaches to Traditional Empirical Research

Michael Ashley Stein

The efficacy of any law is dependent upon considerations beyond the mere fact of its existence. This is especially true for civil rights statutes, which seek not only to equalize opportunities for their targeted groups but also to transform society's attitudes toward those individuals (Edelman, 1992).

This principle is well documented by prevailing research on the economic effects of the Civil Rights Act of 1964 on African Americans. Scholars have demonstrated empirically that passage of that federal law did not by itself contribute to relative economic gains among African Americans. Instead, improvements were brought about in large part by massive federal government enforcement, concentrated in the South, of related antidiscrimination policies, including voting rights and school desegregation (Butler & Heckman, 1977; Donohue & Heckman, 1991; Heckman & Payner, 1989).

Title I of the Americans with Disabilities Act (ADA, 1990) was passed, to a large degree, in an effort to increase labor market participation among workers with disabilities (Stein, 2000d). Toward that goal, "environmental factors" impacting its efficacy include the availability of health care, the extent to which governmental agencies are able and/or committed to enforcing the ADA's provisions, accessibility of public transportation, existence of job training programs, and the consequences of employer, public, and judicial attitudes toward people with disabilities (Stein, 2000a).

The assertion that circumstances external to a statute influence its effectiveness would seem manifest. Nonetheless, traditional economic assessments studying the labor market consequences of antidiscrimination laws are rather myopic in outlook (Stein, 2000c). Conventionally, these evaluations measure efficacy by a bright line criterion, comparing post–civil rights employment and wage levels of a targeted group relative to that of a nontargeted group (i.e., individuals drawn from the mainstream majority) and according small significance to environmental factors when elucidating their "purely" quantitative results. An initial conclusion of this type of analysis is that the civil rights statute under examination is ineffective. Given sufficient time, continuing imbalances can be attributed to deficiencies inherent in the targeted group (Olsen, 1997; Sowell, 1984; Stein, 2000b).

To date, traditionally based empirical examinations of Title I's employment effects are characterized by this insular approach. Two recent studies, for instance, comparing post-ADA employment and wage levels of workers with disabilities relative to that of their nondisabled peers, find a relative reduction in the employment rate of workers with disabilities concurrent with either a neutral or a beneficial effect on wages (Acemoglu & Angrist, 1998; DeLeire, 2000b). Although these results may ultimately be proven correct (Stein, 2000a), the studies' parallel conclusions about the ADA harming the interests of workers with disabilities (Acemoglu & Angrist, 1998; DeLeire, 2000a; DeLeire, 2000b) were made without giving sufficient weight to environmental factors when justifying their results (Schwochau & Blanck, 2000; Stein, 2000a).

By contrast to the traditional approach, quantitative analyses weighting environmental influences, such as the influence of the general economy on labor market participation (Burkhauser, Daly, & Houtenville, 2000), social welfare system disincentives to employment (Burkhauser, Butler, & Weathers, 1999), and the effect of employer prejudice on wage and income levels of workers with disabilities (Baldwin & Johnson, 2000) portray a different picture of whether Title I is really "working." A striking example of the impact exogenous factors have on employment outcomes are the very divergent effects on workers with developmental disabilities in states with and without support systems (Conroy & Fullerton, 2000).

Professor Blanck and Dr. Schartz (this issue) make a valuable contribution to the field of disability policy research by setting forth a detailed precis for future analysis using alternative approaches to studying employment outcomes that include both environmental factors and nontraditional metrics for gauging success. Their research framework, which sustains the level of scientific rigor and relevance endemic to traditionally based research (Seelman, 2000), is structured on four broad categories: employment status, economic self-sufficiency, independence, and inclusion. Figure 1 of their paper contrasts traditional and alternative considerations that can be investigated. Thus, when examining employment status, a traditional researcher might restrict herself to analyzing broad unemployment/employment rates; alternatively, she could also assess self-employment. In the context of examining economic self-sufficiency, quality of life can be considered in addition to hourly wages (Seelman, 2000).

Blanck and Schartz's paper also offers a practical illustration of their précis, briefly describing ongoing research by The Law, Health Policy & Disability Center at The University of Iowa in conjunction with Polk County Health Services (PCHS, 2000). This study monitors the employment progress of individuals with mental illness, mental retardation, and developmental disabilities receiving novel intervention strategies intended to improve their employment opportunities. Initial demographic research indicated that individuals with mental illness evidenced high unemployment rates and expressed apprehension about access to adequate health care. By comparison, individuals with mental retardation and developmental disabilities, whose main concern was employment opportunities, experienced higher overall employment levels but significant underemployment as the result of participation in sheltered and supported employment settings.

Soliciting input from PCHS consumers through interview focus groups revealed three main challenges to obtaining and retaining employment: (a) nervousness during interviews, for instance, which is also common to nondisabled individuals; (b) the effects of employment on continuing receipt of public-sponsored health benefits, such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI); and (c) discrimination from employers, especially for those individuals whose disabilities (typically, mental illness) were not readily apparent. In response to these three challenges, PCHS is developing innovative intervention strategies aimed at empowering its consumers through individualized planning sessions that inform participants about the effect of employment on their social and health benefits and assuage their trepidations about losing them. Measuring the effect that intervention sessions have on PCHS consumers will test the initial research hypotheses that exogenous factors have had a deep bearing on consumer incentives to enter the labor market. Subsequent research will investigate the influence that another key intervention technique, access to work-related opportunities, such as exposure to job forums and employment service providers, has on consumers entering and remaining in the labor force (PCHS, 2000).

The framework advocated by Blanck and Schartz for future research into post-ADA employment outcomes is especially pertinent for assessing the impact of the Workforce Investment Act of 1998 (WIA) and the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA). For although the ADA's legislative findings report in detail on the systematic exclusion of people with disabilities from the workplace—and thus in society at large—and express Congress's clear intention to bring about their full participation, it is only very recently that policymakers have acknowledged the role of environmental factors in fostering integration and equal opportunities for the disabled. Foremost among external economic disincentives to work has been the Hobson's choice foisted upon work-capable individuals with disabilities who could only enter the labor force at the cost of losing their SSI- and SSDI-sponsored health insurance. WIA and TWWIIA, enacted over the course of the last few years, raise the ceiling on workers' transition income, ensure reinstatement back onto SSI and SSDI, provide access to job training centers, and make disabled workers automatically eligible for vocational rehabilitation services (Seelman, 2000).

Utilizing alternative research indicators for assessing the effectiveness of WIA and TWWIIA's employment policies will allow analysis beyond the bright line of comparing gross employment figures from before and after passage of these work initiatives. Researchers engaging the techniques set forth by Blanck and Schartz can also assess temporary and self-employment, quality of life, access to health care, overall health and wellness, choices in employment, self-determination in daily living, and attendant effects on accessible housing and transportation (Blanck, 2000; Blanck, Sandler, Schmeling, & Schartz, 2000). The advantage of this approach is that it retains the rigor of traditional quantitative analysis, while also bringing into focus important elements of employment policies that are ordinarily overlooked, thus providing a richer and more comprehensive understanding of disability employment policy.

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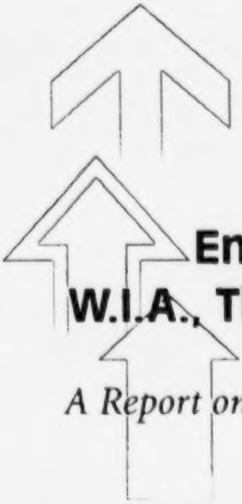

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